

Maharana Pratap Mahila Mahavidyalaya

Application for the Post of _____

Name Of Candidate: _____

Father's Name: _____

Date Of Birth: _____

Age as on Starting Date _____

Sex (Male/Female) _____

Nationality _____

Permanent Address _____

Correspondence Address _____

Category _____

Academic Qualification:

Examination/Degree	Board/ University	Year of passing	Divn./Class	% age of Marks
10 th				
12 th				
B.A./ B.SC / B.Com				
M.A./ M.Com/ M.SC				
Others				

Experience (if any)

Contact/ Mobile No. _____ Email _____

Note : Attach self Attested Photocopy of all relevant document.

I _____ Son/ Daughter/wife of _____ hereby declare that the information given above and in the attached document are true and correct to the best of any knowledge and belief and nothing has been true, I may be prosecuted under the relevant provisions of law.

Date : _____

Place _____

(Signature of Candidate)