



# U.P. STATE AIDS CONTROL SOCIETY

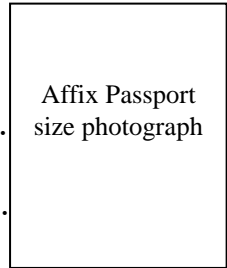
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Phone: 0522-2720360; 2723947 Fax: 0522-2721135

Website: www.upsacs.in, E-mail:recruitupsacs@gmail

## APPLICATION FORM

(Application For Appointment On Contract Basis)



Affix Passport size photograph

1. Post applied for:.....
2. Applicant's Name:..... Sex (M/F).....
3. Father's Name:..... Mother's Name .....
4. Date of Birth:..... Age (as on date of advertisement).....  
(Attach proof)
5. Mailing Address :.....  
.....PIN.....
6. Permanent Address:.....  
.....PIN.....
7. Telephone No. :..... Mobile No:.....
8. E-mail ID:.....

9. Educational, Technical/Professional Qualifications (High School and above):  
(Attach Certificates)

Qualifications	Board/University/Institutions	Passing Year	Percentage of Marks	Subjects

10. Computer Skill:-

- |  |   |        |
|--|---|--------|
| i). Working knowledge of MS Office/E-mail      | - | Yes/No |
| ii). Certificate/Diploma/Degree Name.....      | - | Yes/No |
| iii). Having knowledge of Hindi/English Typing | - | Yes/No |

11. Experience (From present to previous):-

(Attach proof of previous experience like appointment letter, experience certificate, salary certificates etc.)

Designation	Name of Institute/ Organization	Nature of Work	Working Duration		Name, designation and contract no. of Reporting officer
			From	to	

12. Any other information:.....

.....

**Declaration**

I declare that the information given above is true to the best of my knowledge and belief. Any information, if found false, will reject my candidature.

Date:.....

Place:.....

Applicant's Signature

**List of Enclosures:**

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....
- 6.....
- 7.....