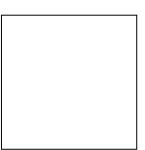
From: Name/Address :



To, The Executive Director (State Higher Education Council) & Director (Higher Education), Directorate of Higher Education, New SCERT Building, Alto, Porvorim - Goa

Date: / /2022

1. Full Name of the applicant (in capital letters):

2. Address with pin +code No.:

- 3. Telephone/Mobile No.:
- 4. Email ID:
- 5. Nationality:
- 6. Date of Birth:
- 7. Category: (UR/OBC/SC/ST/Ex-Servicemen):

8. Educational qualifications/Additional qualification, if any:

Qualification (SSC onwards)	Name of Board/ University	Month and year of passing	Total marks obtained	Percentage of marks obtained

9. Experience, if any;

Sr. No.	Name of Organization & Designation	Period of service		Scale of pay/ emoluments	Number of years	Nature of Duties
		From	То			

Note: Experience without certificates shall not be considered.

- 10. Additional information (if any):
- 11. Details of certificates enclosed:

I hereby declare that all statements made by me in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false, incomplete or incorrect, my candidature/appointment is liable to be cancelled/terminated. I further understand that no notice shall be taken of any request for withdrawal of my application.

Signature of the candidate:

Name: