

STATE MEDICINAL PLANTS BOARD, HARYANA

1. Application for the post of :

2. Name of the Candidate :

3. Father's/ Husband Name :

4. Sex (Male/ Female) :

5. Date of Birth :

(DD/MM/YYYY)

6. Age as on : Year _____ Months _____ Days _____

7. Category to which belong :

8. Whatsapp/ Mobile No. :

9. Email(Compulsory) :

10. Permanent Address :

Block _____ Distt. _____

State/UT _____ PIN CODE _____

11. Educational/ Professional Qualifications:

Examination passed	Board/ University	Year of passing	Maximum Marks	Marks obtained	% age of marks	Division	Subject

Paste Passport size photo here

+ Attached 2 Passport size photo mentioning name & post applied at back on photo

12. Details of documents attached:

- 1.
- 2.
- 3.
- 4.
- 5.

14. Declaration: I hereby declare that

1. All statement made in this application form are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect, or ineligibility being detected before or after the interview/selection/appointment, my candidature may cancelled and action may be taken against me by the appropriate authority.
2. I have must read the provisions in advertisement carefully and I hereby undertake to abide by them. I fulfil all the conditions of eligibility regarding age limits, educational qualifications etc. prescribed in the advertisement and otherrules and instructions.
3. I have never been convicted by criminal court.

Date: _____

Place: _____

Signature of Candidate