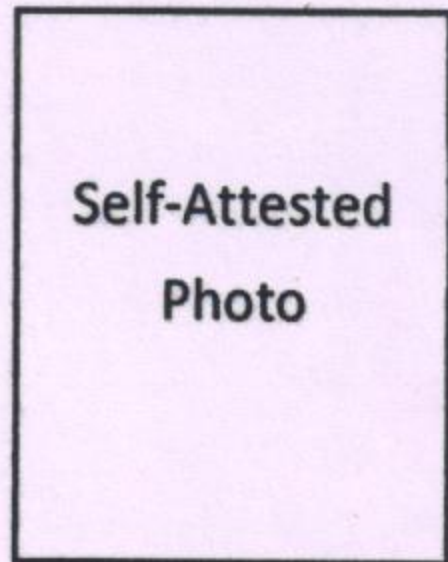


Application Performa for the post of Skilled Worker (on Contract)

1. Name:- _____
2. Father's Name:- _____
3. Date of Birth:- _____
4. Postal Address:- _____
5. Experience (If any, with valid proof):- _____
6. Mobile No.:- _____
7. Qualification:- _____



	School/College	Board/ University	Year of Pass	Total Marks	Marks obtained	Percentage
10+2 (Medical)						
B.Sc. (Medical/Bio- Technology)						

Date:

Signature of the Applicant