

DEPARTMENT OF ENTOMOLGY
PAU, LUDHIANA

APPLICATION FOR THE POST OF _____

Name		Paste latest Passport size photograph		
Father's Name				
Mother's Name				
Mobile No				
Email ID				
Date of Birth				
Whether SC/BC/OBC				
Marital Status				
Correspondence Address				
Permanent Address				
Academic Qualification				
Examination	Year of passing	Name of the Board/University	Marks obtained/ out of _____	Division/ Percentage of marks
Experience if any (Duration, nature of duty and output)				

(Signature of Candidate)

Draft No. _____ dated _____

Copy of certificates attached.

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