

To,

The Secretary

SUMAN KYP

C/O SUMAN

Dalmianagar

Rohtas, Pin-821305

**APPLICATION FOR APPOINTMENT**

Adv. NO 01/2021 Name of News Paper.:Local Date of Advertisement: 29.3.2021

Name of the Post Applying:

Name of Applicant:

Father's Name:

Date of Birth:

Permanent Address: Moh/Village: PO: P.S.:

Distt. Pin Code:

Passport Size Photograph with Signature

Corresponding Address: Moh/Village:

PO: PS:

Distt. Pin:

Contact No.

Email ID.:

Sl No	Examinations Passed	Board/University	School/College	Year of Passing	Subjects	Total Marks	Marks Obtained	% of Marks	Remarks
1	Matriculation								
2	Intermediate								
3	Graduation								
4	Post Graduation								
5									
6									
7									

Experience:

Sl No	Office/Institution/Department	Post Hold	Nature of Job	Period(From-T0)

Reference Persons:

Sl No	Name with full Address	Designation and Office address	Mobile No	E Mail ID
01				
02				

Place:

Date:

Signature in full

### DECLARATION

I hereby declare that

I .....S/D/W/O .....Age.....Yrs

Permanent resident of Vill.: .....PS.: .....Dist.....

here by declare with my best knowledge and belief that

1. I have applied for appointment on the Post of .....UnderKYP Program for SUMAN KYP Office, Dalmianagar, Rohtasmanaged by SUMAN organization and supported by BSDM.
2. All informationsnoted above are true and I will be responsible for any wrong entries of informationsprovided in this application form for appointment.
3. I know well about the KYP Program and job responsibilities of the Post.
4. I have submitted papers of my degree, diploma and experience are true and I will be responsible for any false.
5. If an oppportunity is provided me to serve on the post, I promise to not leave the program within a year without any reasonable reason and acceptance of resignation. If I will resign or left the Post, I will be liable to refund total amount received within this period with an interest of Rs 10%pa and not claim for any outstanding amount.
6. I will do in the best interest of the children as per guide lines of the program and guidance of the organization.
7. I will keep confidentiality of children and do nothing against their interest.

I am signing here with sound health and mind without any pressure and convincing.

Place:

Date:

Signature in full

Enclosures: ( Enclose self attested documents and Papers):

Sl No	Details of Documents	No of Pages