



**Society for Applied Microwave
Electronics Engineering & Research**

APPLICATION FORM
(TO BE FILLED IN BLOCK LETTERS ONLY)

Affix Recent
Passport
Size Photograph

Subject : _____ **Post Applied :** _____

Sr.No. _____

Advt. No.: _____

1. Name in full(Shri/Smt/Km) : _____
.....

2. a) Father's name: _____ b) Mother's name _____

3. a) Date of Birth: _____ 19 _____
(in Christian era in figures) Date Month Year

b) Age as on closing date mentioned in Advt.: _____ Years _____ Months ___ Days

4. a) Sex (Male/Female) : _____ b) Marital Status : _____

5. Nationality: _____

6. Reservation Category (SC/ ST): _____ 6 (a) Religion : _____
(attach certificates if applicable)

7. Whether presently working in Government/Semi-Government/
Public Sector Undertaking/Autonomous/Corporate Bodies

8. Address for correspondence (with Pin Code)

(Tele No., Mob. No., Fax & e-mail, if any) _____

9. Permanent Address (with Pin Code) _____

(Tele No., Mob. No., Fax & e-mail, if any) _____

10. Nearest Railway Station _____

11. Educational Qualifications #:

*Exam passed	University/ Institution/ Board	Date of Joining	Date of Passing	Subject in which degree is awarded	Specialisation as reqd. in advt. (if any)	**Percentage of Marks	Division	Rank/Position in the Univ.
.....								

19. Give two referees name & address and attach certificate from them:

(Not related to the candidates) (Gazetted Officers/Professors of
reputed academic Institutions/Public Sector Executives etc)

20. Any other information you may wish to add, including extra curricular activities (use separate sheet if necessary).

21.

Declaration

I declare that the foregoing information is correct and complete to the best of my knowledge and belief and nothing has been concealed/distorted. If at any time, I am found to have concealed/distorted any material information, my appointment shall be liable to summary termination without notice. If offered appointment, I will join on specified date and subsequently, take up duty in the discharge of SAMEER assignments anywhere in India as and when required.

Place:

Date:

Signature of Candidate

(important : use only a4 size paper for application and other testimonials. Attested photocopies of proof of items 3,6 and 11 should be enclosed)

PART-II

(To be filled in by the Competent Authority in the case of candidates who are presently working in Government/Semi-Government/PSUs/ Autonomous Bodies)

Certified that:-

The information given above by the officer is correct.

No vigilance/disciplinary proceedings are pending or contemplated against the above mentioned officer.

Date:

Signature:

Name:

Designation:

Name of the Department/ Ministry

SUMMARY
(Use Separate Sheet)

Advt. No. : Subject: Post :

Sr. No.

Name :

DOB: Nationality:

Category: Age as on Closing Date: **Month Year**

Central/State Govt./Armed Forces/ PSU's/Others:

Exam	University	Subject	Month	Year	%age	Div/Gde
University Rank						
Essential Qualification (EQ)						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Highest Qualification (HQ)						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Experience :
No of years

Areas of experience

Postal Address:

City: PIN:

Tele. No. Mobile: FAX:
(with STD code)

E.Mail :