

**INDIAN RED CROSS SOCIETY
IRCS - BLOOD BANK
DADRA & NAGAR HAVELI BRANCH
SILVASSA – 396 230**



Application for the post of : _____

1. Applicant's Name(in Block Letter) :- _____
2. Father's Name(in Block Letter) :- _____
3. Residential Address :- _____

4. Contact No. /Mobile No. :- _____
5. Date of Birth(DD/MM/YY) :- _____
6. Gender :- _____
7. E-mail id :- _____
8. Languages Known :- _____
9. Educational Qualification:-

<u>Sr.No.</u>	<u>Board/University</u>	<u>Year of Passing</u>	<u>Percentage</u>

10. Experience, if any

<u>Name of Organization</u>	<u>Designation</u>	<u>Nature of Service</u>	<u>Period of Service</u>	
			<u>From</u>	<u>To</u>

Declaration:

I hereby declare that all the conditions of eligibility regarding Education Qualification, Experience etc., in the application form are true and complete to the best of my knowledge. I understand that in the event of any information being found false or incorrect my candidature / appoint is liable to be cancelled.

Date:

Place:

(Signature of Candidate)

Note:

- Attach self attested copy of Birth/ Education/ Experience certificate
- Incomplete or Unsigned Application will be rejected
- Candidates should appear for the interview 2 hours before the scheduled time.