



APPENDIX-A

CENTRAL INSITUTE OF HIMALAYAN CULTURE STUDIES
Dahung: West Kameng District: Arunachal Pradesh-790116
Phone: 03782, 207030,273678 email: cihcsoffice@gmail.com
(An Autonomous Body of the Ministry of Culture, Govt. of India)

PRESCRIBED APPLICATION FORMAT

(To be filled up in own handwriting of the applicant)

*Affix a self
attested recent
passport size
photograph*

Application for the post of

1. Advertisement No. & date

2. Name of the applicant (in block)

3. Father's Name

4. Mother's Name

5. Date of Birth

(As per matriculation/Secondary School Certificate)

6. Gender

7. Nationality

8. Mobile No.

9. E-mail address

10. Address for correspondence

11. Permanent address

12. State of Domicile

13. Academic qualification beginning with high School Examination as per the table below.
(Please attach self-attested copies of relevant certificates)

| Examination/Degree | Subjects | Percentage of Marks/Final Grade | Name of college/University Board | Year |
|---------------------------|-----------------|--|---|-------------|
| Secondary | | | | |
| High Secondary (10+2) | | | | |

| | | | | |
|----------------|--|--|--|--|
| | | | | |
| Under Graduate | | | | |
| Post Graduate | | | | |
| NET/SLET | | | | |
| Ph. D | | | | |
| | | | | |
| | | | | |

14. Whether belongs to *(Please attach self-attested copy of the certificate)*

- a) Schedule Caste : Yes/No
b) Schedule Tribe : Yes/No
c) OBC : Yes/No
d) Ex-servicemen : Yes/No
e) Physically handicapped : Yes/No

15. Work experience:

| Institution | Designation | Period | | Nature of duties | Basic salary last drawn |
|-------------|-------------|--------|----|------------------|-------------------------|
| | | From | To | | |
| | | | | | |

16. Are you a dismissed employee : Yes/No

DECLARATION

I do hereby affirm that statements made above are true to the best of my knowledge and belief. If, I am found to have given any wrong information, my candidature may be cancelled or debarred by the concern authority without notice or compensation.

Date: _____

Place : _____

Signature of Applicant