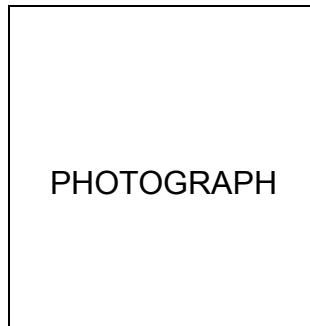


Application for the post of \_\_\_\_\_

To,

The Administrative Officer,  
Film and Television Institute of India,  
Law College Road,  
**PUNE 411 004.**



1. Name in full :

\_\_\_\_\_  
(in block letters)                      Surname                      First Name                      Middle Name

2. Father's/Husband's Name:

3. Permanent Home Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ PIN \_\_\_\_\_

Telephone No. \_\_\_\_\_

E-mail : \_\_\_\_\_

Address for communications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ PIN \_\_\_\_\_

Telephone No. \_\_\_\_\_

E-mail : \_\_\_\_\_

4. Date of Birth :

(in Christian era) : Day Month Year

( In words ) \_\_\_\_\_

Completed years of age on \_\_\_\_\_ : \_\_\_\_\_

5. Are you a citizen of India by : YES ./ NO  
birth and/or by domicile ? : BY BIRTH / BY DOMICILE

6. Marital Status : Married / Unmarried

7. Gender : Male / Female

8. Are you a member of SC/ST? YES / NO

If the answer is `YES` give following details and attach a `Certificate` from the District Magistrate in support of your claim.

Sub-Caste \_\_\_\_\_

9. Whether belongs to the category of persons with Disabilities : YES / NO

If the answer is `YES` give following details. (The physically handicapped candidates who are orthopaedically handicapped and deaf are required to produce medical certificates in the prescribed form issued by the Competent Medical Authorities.)

(i) State the sub-category of disability :

(ii) State the percentage of disability :

9. Educational Qualifications / Technical Qualifications :

(Attested copies of all certificates, Educational qualifications obtained should be attached with the application and should in addition be authenticated by the candidate's full signature).

Sr. No.	Name of the Institute/ College attended with Name of University/ Board	Period of study		Exam. passed	Subjects Taken	Class or Division and Percentage of Marks
		From	To			

(Enclose necessary attested certificates.)

11. What languages can you read and write ?

Give particulars below and underline the language which is your mother tongue.

Read only	Write only	Read and Write

12. Give in chronological order details of your employment.

Full address of the office, Firm or Institution	Post Held	From	To	Scale of Pay	Basic Pay Last Drawn	Whether held permanent / temporarily	Reasons for leaving the post
1	2	3	4	5	6	7	8

Date:

Signature of candidate

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Application should be completed in legible handwriting or preferably typed. Incomplete applications and/or applications without true copies of certificates regarding qualifications, experience and caste will be rejected.