APPLICATION FORM

Post Applied for:-	Photograph to be attached here

Sl.	Description	Details
No		
1.	Name of the Candidate	
2.	Father/Husband's Name	
3.	Date of Birth	
4.	Age as on 01.06.2025	
5.	Mobile no:	
6.	Mail id:	

- 7. Permanent Address:
- 8. Correspondence Address:
- 9. Nationality:
- 10. Educational Qualification (Chronological order)

Sl. No.	University/Institute	Degree	Year of	% /	Page no of
			passing	Grade	consolidated
					pdf
I.		10 th /Matriculation			

II.	12 th /Intermediate		
III.	Graduation		
	in		
IV.	Master		
	in		

11. Post qualification work experience in relevant fields (Chronological order)

Sl. No.	Office/ Institution	Post Held	From	То	Nature of duties (in detail) highlighting experience	Page no of consolidated pdf
I.						
II.						
III.						
IV.						

12. Essential qualification

Description	Please fill in the following details:
(a) Specify the position you are applying	
for.	
(b) Provide details of your educational	
qualifications, clearly indicating how they	
meet the essential qualifications required	
for the position.	
(c) Outline your relevant work experience,	
including the number of years of post-	
qualification experience as specified for the	
role.	
(d) Clearly confirm whether, based on the	
information provided above, you fulfill the	
required educational qualifications and	
post-qualification experience for the	
position.	

12. Lang	guages known with proficiency:		
	litional information, if any, which you would ity for the post:	like to mention in support of	your
14. A sh	nort note on your suitability for the post:		
15. Self	-attested copy of documents (essential)		
15. Self	-attested copy of documents (essential) Documents	Enclosed or not enclosed	Page no.
		Enclosed or not enclosed	Page no.
S.No.	Documents	Enclosed or not enclosed	Page no.
S.No. 1.	Documents Proof of age (Matriculation certificate)	Enclosed or not enclosed	Page no.
S.No. 1. 2.	Documents Proof of age (Matriculation certificate) Proof of address (Aadhar Card) Essential Educational Qualification	Enclosed or not enclosed	Page no.
S.No. 1. 2. 3.	Documents Proof of age (Matriculation certificate) Proof of address (Aadhar Card)	Enclosed or not enclosed	Page no.
S.No. 1. 2. 3. 4. 5.	Documents Proof of age (Matriculation certificate) Proof of address (Aadhar Card) Essential Educational Qualification Post Qualification Experience Certificate	lication is true and correct to the	e best of my suppressed,

Joint Commissioner (NESTS), Gate No. 3A, Jeevan Tara Building, Parliament Street, New Delhi-110001

Sir,

I hereby undertake:

- a) to treat all the information that come to my knowledge as part of my duties in this Office i.e. NESTS as confidential information and keep it strictly confidential.
- b) not to sell, trade, publish or otherwise disclose information to any one in any manner whatsoever including by means of reproduction either in physical, hardcopy, digital or in electronic format.
- c) to hold such confidential information in trust and confidence both during and after the terms of my engagement.
- d) not to engage in any other employment/ occupation/ consultancy or any other activity during my engagement with NESTS.
- e) to abide by data security policy and related guidelines applicable in the office of NESTS.
- f) not to resort any corrupt practices in any aspect and at any stage during the tenure of engagement.
- g) to maintain highest standards of ethics & integrity during the period of engagement as Engineer.
- 2. In the event of my termination of employment for any reason whatsoever I shall promptly surrender and deliver to this Office any records/ material, equipment, documents or data which is of confidential nature.
- 3. I shall keep NESTS informed of any change in my address or contact details during the period of my engagement.
- 4. I understand that I can be terminated at any point of time for breach of the above conditions and can be proceeded against under the relevant laws for the time being in force.
- 5. For the purpose of this undertaking, Confidential Information means any such information received from any source, whether in physical, electronic or in digital format.

Yours faithfully,	
Address:	(Signature)
Date:	Name: