



## ANNEXURE 1 - APPLICATION FORMAT (CTCL)

Affix recent  
passport size  
photograph

### I. APPLICATION DETAILS

|    |                                         |   |                                                                       |
|----|-----------------------------------------|---|-----------------------------------------------------------------------|
| 1. | POSITION APPLIED FOR INCLUDING JOB CODE | : |                                                                       |
| 2. | EXPECTED REMUNERATION                   | : | (Mention expected consolidated monthly remuneration in Indian Rupees) |
| 3. | CURRENTLY EMPLOYED                      | : | Indicate Yes/ No ____                                                 |
| 4. | NOTICE PERIOD FOR JOINING               | : | (Mention notice period in months)                                     |

### II. APPLICANT DETAILS

| 1.                                | NAME OF THE APPLICANT      | :            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                        |                         |  |                         |      |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------------------|----------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------|-------------------------|--|-------------------------|------|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 2.                                | FATHER/HUSBAND'S NAME      | :            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                        |                         |  |                         |      |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3.                                | DATE OF BIRTH              | :            | MM/DD/YYYY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                |                        |                         |  |                         |      |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4.                                | NATIONALITY                | :            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                        |                         |  |                         |      |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5.                                | GENDER                     | :            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                        |                         |  |                         |      |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6.                                | PAN NO                     | :            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                        |                         |  |                         |      |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7.                                | PERMANENT ADDRESS          | :            | (Mention Full address with State & Pin code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                |                        |                         |  |                         |      |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8.                                | PRESENT ADDRESS            | :            | (Mention Full address with State & Pin code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                |                        |                         |  |                         |      |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9.                                | TELEPHONE NO               | :            | (Mention Residence Number with STD Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                |                        |                         |  |                         |      |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10.                               | MOBILE NO                  | :            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                        |                         |  |                         |      |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11.                               | EDUCATIONAL QUALIFICATIONS | :            | <table border="1"> <thead> <tr> <th rowspan="2">Board /University/ Institution</th> <th rowspan="2">Course/ Specialization</th> <th colspan="2">Month &amp; Year</th> <th rowspan="2">% Marks obtained / CGPA</th> </tr> <tr> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> | Board /University/ Institution | Course/ Specialization | Month & Year            |  | % Marks obtained / CGPA | From | To |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Board /University/ Institution    | Course/ Specialization     | Month & Year |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                        | % Marks obtained / CGPA |  |                         |      |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                   |                            | From         | To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                |                        |                         |  |                         |      |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                   |                            |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                        |                         |  |                         |      |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                   |                            |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                        |                         |  |                         |      |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                   |                            |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                        |                         |  |                         |      |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                   |                            |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                        |                         |  |                         |      |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                   |                            |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                        |                         |  |                         |      |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (Mention in the order of recency) |                            |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                        |                         |  |                         |      |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|     |                                                        |   |                                                                                                                                          |          |         |         |
|-----|--------------------------------------------------------|---|------------------------------------------------------------------------------------------------------------------------------------------|----------|---------|---------|
| 12. | MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS                | : |                                                                                                                                          |          |         |         |
| 13. | OTHER TRAINING                                         | : |                                                                                                                                          |          |         |         |
| 14. | COUNTRIES OF WORK EXPERIENCE                           | : |                                                                                                                                          |          |         |         |
| 15. | Details of Two References from your previous employers | : | Name:<br>Designation & Company:<br>Contact No:<br>Email Address:<br><br>Name:<br>Designation & Company:<br>Contact No:<br>Email Address: |          |         |         |
| 16. | LANGUAGES KNOWN                                        | : | Language                                                                                                                                 | Speaking | Reading | Writing |
|     |                                                        |   |                                                                                                                                          |          |         |         |
|     |                                                        |   |                                                                                                                                          |          |         |         |
|     |                                                        |   |                                                                                                                                          |          |         |         |
|     |                                                        |   |                                                                                                                                          |          |         |         |
|     |                                                        |   |                                                                                                                                          |          |         |         |



| Name of Employer                                                                 | Designation* | Period of Service |    | Length of relevant service as on 30.06.25 |        |
|----------------------------------------------------------------------------------|--------------|-------------------|----|-------------------------------------------|--------|
|                                                                                  |              | From              | To | Years                                     | Months |
|                                                                                  |              |                   |    |                                           |        |
|                                                                                  |              |                   |    |                                           |        |
|                                                                                  |              |                   |    |                                           |        |
|                                                                                  |              |                   |    |                                           |        |
|                                                                                  |              |                   |    |                                           |        |
| Total Experience (In Years and Months)                                           |              |                   |    |                                           |        |
| Total Experience in the relevant area (as per Advertisement in Years and Months) |              |                   |    | Years                                     | Months |
|                                                                                  |              |                   |    | Years                                     | Months |

\* Please provide separately description of activities performed for each of the previous employment mentioning roles & responsibilities, achievements, highlights etc.