

APPLICATION FOR THE POST OF ASSOCIATE(MINI OFFICE)

1. Name in Full (In English, Capitals with surname first)

2. Current Mailing address for correspondence with Pin code

Pin Code														

Landline Telephone with STD Code: _____

Mobile NO. _____ Email id _____

3. Permanent address with pin code

Pin Code														

4. Category (indicate by marking (X) in the appropriate box

S.C	S.T	O.B.C	General	P.W.D

For Persons with Disabilities only

Whether orthopaedically handicapped/hearing impaired/Visually impaired	Degree of impairment(%)	Whether copy of medical certificate in the proper format is enclosed

5. Whether belonging to Minority community, if yes, please mark (X) below

Muslims	Christians	Neo Buddhists	Sikhs	Zoroastrians

6. Details of employment in LIC

SR No.	Designation/Cadre	Place of Posting	BO/DO/ZO/CO	Date of Retirement

7. Date of birth:

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Completed age as on 01/07/2016: ____ years ____ Months.

8. Marital Status (Indicate by marking (x) in the appropriate box)

Married	Unmarried	Others(Specify)

9. Father's/Husband's Name: _____

10. Nationality _____

11. Educational Qualification

Examination Passed	Name of the Board/Univ.	Month & Year of passing	Aggregate marks	No of Attempts
Graduation				
Post-Graduation				
Technical				

12. Work Experience: No. of years: _____

Name of the Organization	Tenure of Employment		Post occupied	Last emoluments drawn
	From	to		

13. Choice of Place of posting:-

Preference 1	Preference 2	Preference 3	Preference 4

14. Any other information:-

Declaration:

I hereby declare that all the statements made in the Application hereinabove are true and correct to the best of my knowledge and belief. I understand that in the event of any information being found false, incorrect or incomplete or if I am found ineligible due to non-fulfillment of eligibility criteria, my candidature for the applied post is liable to be cancelled/rejected at any stage of engagement.

Date:

Place:

(Signature of the Applicant)