## Government of India Ministry of Corporate Affairs R&A Division

## **Application for the post of Young Professionals**

|    | Post                  | Young Professional I | Young Professional II |
|----|-----------------------|----------------------|-----------------------|
| 1. | Name of the applicant |                      |                       |
| 2. | Father's Name         |                      |                       |
| 3. | Date of Birth         |                      |                       |
| 4. | Nationality           |                      |                       |
| 5. | Present Address       |                      |                       |
| 6. | Permanent Address     |                      |                       |
| 7. | Contact Number/Mobile |                      |                       |
| 8. | E-mail Address        |                      |                       |

## **Educational Qualification (Starting from 10<sup>th</sup> onward)**

| SI. No. | Examination Passed | Discipline<br>/Subject | Year of Joining | Year of<br>Completion | Name of the Board/University | Percentage/Grade/<br>CGPA Pt |
|---------|--------------------|------------------------|-----------------|-----------------------|------------------------------|------------------------------|
|         |                    |                        |                 |                       |                              |                              |
| i.      | Secondary/10th     |                        |                 |                       |                              |                              |
| ii.     | Senior Secondary   | 1                      |                 |                       |                              |                              |
| iii.    | Graduation         |                        |                 |                       |                              |                              |
| iv.     | Post Graduation    |                        |                 |                       |                              |                              |
| V.      | Ph.D               |                        |                 |                       |                              |                              |

| Work E   | xperience:                 |                 |             |              |                        |  |  |
|--|----------------------------|-----------------|-------------|--------------|------------------------|--|--|
| Post Qu  | ualification Experience:   | Years Mon       | ths         |              |                        |  |  |
| Details  | of Employment (Chronologic | cal Order)      |             |              |                        |  |  |
| SI.No.   | Organization Name          | Post Held       | From        | То           | Roles &<br>Proposition |  |  |
|  |                            |                 |             |              |                        |  |  |
|  |                            |                 |             |              |                        |  |  |
|  |                            |                 |             |              |                        |  |  |
| <b>Declara</b> I declar  |                            | owledge, the in | formation o | iven is true | e and correct. I       |  |  |
| I declare that, to the best of my knowledge, the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of employment with this organization. I understand that this application does not constitute an offer of employment. |                            |                 |             |              |                        |  |  |
|  |                            |                 |             |              |                        |  |  |
|  |                            |                 |             |              | Signature              |  |  |
| Place:   |                            |                 |             |              | . <b>3</b>             |  |  |
| Date:  |                            |                 |             |              |                        |  |  |