Central Power Research Institute (A Government of India Society) P B No.8066: Prof Sir C V Raman Road Sadashivanagar Post Office Bangalore 560 080

Affix recent passport size photograph here

1	Post to which applied	:	Accounts Officer	
2	Advertisement No.	:	CPRI/05/2020	
3	Category (must be supported by Certificate)	:		
4	Name in full (in Block letters)			
5	Date of Birth and Age as on 15.04.2020 (Enclose a copy of certificate in support of age)	:		
6	Nationality	:		
7	Father's/Husband's name			
8	Address for correspondence (in Block letters)			
9	Permanent Address	:		
10	E-mail ID	:		
11	Mobile No.	:		
12	Nearest Railway Station from where the candidate is likely to travel for Interview	:		
13	Fees Details	:	DD NO Date Rs	

14. Education Qualification:

Educational/professional qualifications(indicating clearly the examinations passed, University / Board, Year and Month of passing, class and percentage of marks & subjects taken Starting from minimum qualification prescribed for the post) copies of all marks sheets should be enclosed along with certificates, failing which the application will be rejected:

Examination Passed	Year and Month of passing	Board/University/ Institution	% of Marks (Aggregate of all semester)	Class obtained	Subject Specialization	Whether marks sheets enclosed (Please tick)
						Yes / No

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Details of the previous/present employment held, in chronological order starting from present position backwards (indicating the name of the employer with full address, post held, salary drawn, period of service, nature of duties etc.)

Name of the Organization	Post held	Service	Period	Scale of	Nature of duties
with address		From	То	pay & salary drawn	

16. Whether you have been convicted by any Court of Law? If yes, please give complete details thereof.

DECLARATION

I CERTIFY THAT THE INFORMATION FURNISHED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE & BELIEF. IF AT ANY STAGE, ANY INFORMATION IS FOUND TO BE FALSE OR INCORRECT, MY APPLICATION IS LIABLE TO BE REJECTED AND I AM LIABLE TO BE PROSECUTED FOR GIVING SUCH FALSE INFORMATION

Place:	
Date:	(Signature of candidate