National Institute of Educational Planning and Administration 17-B, Sri Aurobindo Marg, New Delhi - 110016

Advt. No.:			Date:			
1)	Name of the post applied for	r				
Pers	onal details:					Proof Encl. Sl. No.:
2)	Candidate's full name: (including Surname / Family name) (In Capital Letters)					
3)	Date of birth: [Day / Month / Year] (Attach copy of relevant certificate)	Day	Month	Year	Age: (in years)	
4)	Father's name:					
5)	Nationality:					
6)	Gender: (Male/Female)					
7)	Married/Unmarried:					
8)	Whether belonging to SC/ST/ OBC/ P.W.D.:					

9) Candidate's Address:										
	Corr	espondence addr	ess (with l	Permanent address (with Pin Code)						
Address										
Email:										
Mobile No.										
10) Educational Qualifications (Enclose separate Sheets, if required)										
	Name of the Exam passed	Name of the Board / University	Month & Year passe d	Division	% of Marks	Subjects studied	Proof Encl. No.			
	(a)	(b)	(c)	(d)	(e)	(f)	(g)			
Secondary										
Sr. Secondary										
Bachelor's degree										
Master's degree										
M.Phil. / equivalent										
Ph.D. NET										
Others										

11) Experience (indicate from present):

Sl. No.	Name of the Organization	Position held	Whether Temporary	Responsibilities	Period of Service		Pay Scale and Present
			Permanent		From	То	Basic Pay

12) In se	ervice	Courses										
Attended:		Title:										
		Duration:										
		Attach List:										
		Date:										
) Publis I. Peer		Vork: ewed or UGC	Listed Jou	ırnals								
S. No. Publications Type		Title of	Title of paper			r A	Authorship (Single/Joint)					
II Dul	hlicati	ons (other the	n Dosoorol	h Danars)								
		ications Type		Research Papers) Title of paper			r A	Authorship (Single/Joint)				
	<u> </u>											
	tents a	nd Policy its:										
IV. Aw	ards:											
14) Sem	inars /	Conferences	/Worksh	ops/ Traiı	ning Programn	ies etc.						
Attended			In India Abroad (No.)			Total (No.)	Proof encl. sl					

		l l	l		
15) Indicate a theme/t field of education:	opic, preferably b	pased on your re	esearch work or	interest area related to	the
16) Indicate the time y	ou will require to	join, if selected	l :		
17) Declaration					
	n given in this app	olication is foun	d incorrect or fa	of my knowledge and be alse or if I do not satisfy	
Date:					
Signature:					