

Regn. No. _____
for office use)



केन्द्रीय सरकारी कर्मचारी कल्याण आवास संगठन
CENTRAL GOVERNMENT EMPLOYEES
WELFARE HOUSING ORGANISATION
(Ministry of Housing & Urban Affairs, Govt. of India)
(An ISO 9001-2015 Organisation)

छठा तल, ए खण्ड, जनपथ भवन,
जनपथ, नई दिल्ली-110 001
दूरभाष: 23739722 / 23717249 / 23355408
फैक्स : 23717250

6th Floor, 'A' Wing, Janpath Bhawan,
Janpath, New Delhi - 110 001
Phones : 23739722 / 23717249 / 23355408
Fax : 23717250
E-mail : cgewho@nic.in

APPLICATION FORM

(To be filled in candidate's own handwriting)

I Name of the Post Applied for _____

Affix latest
Passport size
Photographs

1. Name in full
(IN BLOCK LETTERS) _____

2. Address (In Block Letters)	(i) For Communication	(ii) Permanent
	_____	_____
	_____	_____
	_____	_____
Tel No. / Mobile (if any)	_____	_____
E-mail Address (if any)	_____	_____

3. Particulars of age (as per matriculation or equivalent Certificate).	(i) Date of Birth _____
	(ii) Age (on last date of receipt of Appl'n) _____ years _____ Months _____ Days
	(iii) Place of Birth _____ Nationality _____

4. Father's/Husband name : _____

5. Do you belong to SC/ST/OBC/Ex. S. Man/ PH. Category? (If 'yes' mention the category and attach certificate from District Magistrate/ Tehsildar or the concerned Competent Authority)

6. Are you a Govt. servant at present ? If so, state whether your appointment is temporary or permanent. Give full address of your employer. Yes/No

7. **PARTICULARS OF QUALIFICATION AND EXPERIENCE**
 If space is insufficient, separate sheet can be used. Attested copies of certificate and testimonials in support of the qualifications and experience mentioned should invariably be attached, failing which application is liable to rejection.

(i) Qualifications

Academic/ Technical / Professional Exams passed with specialization / subject (Higher to Lower)	Grade/ Divn.	% of marks obtained	Year of passing	Name of the University / Board

(ii) Experience

Name of the employer/ Organisation (reverse chronological order)	Designation	Period as on last date of receipt of application				Nature of duties/ area of specialization etc.	Pay & Pay Scale
		Date		Length			
		From	To	Years	Months		

8. If appointed, how much time you require for joining the post.

9.	Are you a corporate member of any professional institute, if so give details.
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10.	Details of enclosures attached	1. 2. 3. 4. 5. 6. 7.
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Any other Information relevant to the post applied for:

I hereby declare that the entries in this form and additional particulars (if any) furnished in connection with the application are correct and true to the best of my knowledge & belief and nothing has been concealed therein. I also declare that I am physically and mentally sound and not suffering from any serious ailment which could be detrimental to performance of my duties.

Signature of Candidate

Place: _____

Date : _____

Encls.: _____