SÁLIM ALI CENTRE FOR ORNITHOLOGY AND NATURAL HISTORY (SACON)

(South India Centre of Wildlife Institute of India, MoEFCC, Govt. of India)

Anaikatty, Coimbatore – 641 108, Tamil Nadu

APPLICATION FOR THE POST OF NEE ASSISTANT Advt. No. SACON/SELECTION-01/2024

Name of the Applicant (IN CAPITAL LETTERS)	:	
Name of Father/Husband	:	
Date of Birth	:	Date Month Year Affix your
Age as on 15.05.2024 (Enclose copy of Proof)	:	recent Years Months Days colour photograph
Sex	:	MALE / FEMALE
Marital Status	:	MARRIED / UNMARRIED / WIDOW / DIVORCED WOMEN / JUDICIALLY SEPARATED WOMEN
Nationality	:	
Community (Enclose copy of Commun	: nity ce	
Languages Known	:	(i)TO READ : (ii)TO WRITE: (iii)TO SPEAK :
Address for communication	on with	n Pin Code :
		PIN CODE
Mobile No. : E-mail ID : Aadhaar No. : (Enclose copy of Aadhaa	r card	1

(Enclose copies of mark sheet / certificates) Name of University/ Year of % of marks Qualification Subjects Institution Board Passing & Class 13. Experience (Enclose copies of documents): Total years of Period Name of the experience Post Held Organization To From 14. Additional Qualifications, if any (Enclose copies of certificates): Qualification Name of University/ Year of Subjects % of marks Institution Board Passing

Educational qualifications (Graduation onwards):

12.

15.

16. Are you under any contractual obligations to serve Central / StateGovt / Any other Public Sector Undertaking or Autonomous body? : YES / NO(If Yes, please attach NOC and forward the application through proper channel)

YES / NO

Have you applied for any position in any other organization and:

awaiting result? If Yes, please provide details.

17.	Whether you have been	convicted in or facing trial in any criminal case? : YES / N	10
18.	Any other information rele	evant to the post called for :	
19. (Refe	Name, Address, e-mail ID rees should not be a relativ	and Tele/mobile numbers of two referees familiar with yourself ve to candidate) :	:
	(a) Details of Referee	No. 1:	
	Name		
	Designation		
	Name of the Institution		
	/ Address with Pin		
	Code		
	Phone / Mobile No.		
	Email ID		
	(b) Details of Referee Name Designation	No. 2 :	
	Name of the Institution		
	/ Address with Pin		
	Code		
	Phone / Mobile No.		
	Email ID		
		<u>Declaration</u>	
cand	pelief. If at any time, I am lidature shall be cancelled	e information given above are true to the best of my knowle found to have concealed/distorted any material information, and appointment if made, shall be terminated without any notion to disciplinary action against me.	, my
Place	;		
Date		Signature of the candidate	;
<u>List of</u>	Enclosures :-		