**THE NATIONAL TRUST**

**For the Welfare of Persons with Autism, Cerebral Palsy,**

**Mental Retardation & Multiple Disabilities**

**(Ministry of Social Justice & Empowerment, Govt. of India)**

**16-B, Bada Bazar Road, Old Rajinder Nagar, New Delhi-110060Tel : 43187878,**

**E-mail-contactus@thenationaltrust.in****; website : www.thenationaltrust.gov.in**

Format for submission of application for the post of Accountant on **Deputation** in the National Trust.

|  |
| --- |
| Affix self attested photograph |

|  |  |  |
| --- | --- | --- |
| 1 | NAME(IN BLOCK LETTERS) |  |
| 2 | Gender |  |
| 3 | Date of Birth & Age |  |
| 4 | Father’s Name |  |
| 5 | Residential/Correspondence Address |  |
| 6 | Whether the candidate belongs to (Gen/SC/ST/OBC/PWD) |  |
| 7 | Date of Recruitment under Central/State Government/UTs |  |
| 8 | Present Pay with Grade Pay |  |
| 9 | Education Qualifications |  |
| 10 | Contact details (Mobile No. & Email ID) |  |

|  |  |
| --- | --- |
| 11 | **Details of Employment, in Chronological Order** |
| Post Held | Ministry/Department | From | To | Pay Band, Basic Pay with Grade Pay | Nature of duties |
|  |  |  |  |  |  |
| 12 | Additional Information, if any |  |

Signature of the Applicant

 Name:

 Designation:

 Ministry/Department

1. Certified that the particulars of the officer have been verified and found to be correct.
2. Certified that no disciplinary proceedings are pending or contemplated against the officer.
3. The integrity in respect of the officer is also certified.

Countersigned.....................................................

(Forwarding Officer/Head of the Office with stamp)

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**E-mail-contactus@thenationaltrust.in****; website : www.thenationaltrust.gov.in**

**Format for submission of application for the post of Accountant for Direct Recruitment in the National Trust.**

|  |
| --- |
|  |
| Affix self attested photograph |

1. Name (IN BLOCK LETTERS) :
2. Father’s/Husband Name :
3. Date of Birth :
4. Gender :
5. **Address:-**
6. Correspondence Address :
7. Permanent Address :
8. Mobile No. :
9. Email ID :
10. Whether belongs to SC/ST/OBC/PWD/GENL.:
11. **Educational Qualification (In Chronological order):-**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl. No. | Qualification | Year of Passing | Subjects | % age of marks | University/Board |
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1. **Work Experience (Present and past employment details):-**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl. No. | Name of the Organization | Post Held | Period (From – To) | Total Emoluments drawn | Nature of Work |
|  |  |  |  |  |  |
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1. **Additional Information (if any):-**

**Certified :-**

I hereby undertake that information given above is true and correct to the best of my knowledge and belief. I further undertake that later on if any information found to be incorrect or untrue, I shall be held responsible and any punitive action by the department/office shall be acceptable to me.

**Note:- Attach copy of the certificate in support of Educational Qualification and Work Experience.**

**(Signature of the Candidate)**