**Application for the post of**

**Director,**

**Bharatendu Natya Academy, Lucknow**

 **Uttar Pradesh**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | **Name in Block letters** |  | Affix recent Passport size Photograph Duly attested  |
| 2. | **Address/Tel No./E-Mail ID**  |  |
| 3. | **Date of Birth (As Per High School Certificate)** |  |
| 4. | **Age as on the last date of application** |  |
| 5. | **Educational and other Qualification**(if any qualification has been treated as equivalent to the one prescribed in the rules, state the authority for the same and attach attested photocopies of the testimonial along with application) |
|  |  | **Qualification required** | **Qualification/ Experience Possessed (Attach attested Photocopies of the testimonials along with application)** |
|  | **Essential:** (i) |  |  |
|  | (ii) |  |  |
|  | (iii) |  |  |
|  | (iv) |  |  |
|  | (v) |  |  |
|  | **Desirable:** |  |  |
| 6. | Please state clearly whether in the light of entries made by you above, you meet the requirements of the post. |  |
| 7. | Details of Employment in chronological order. |
| Name of Organization | Status of organization (Central Govt /State Govt. Autonomous University) | Post held | Nature of employment i.e, Ad-hoc or temporary or quasi-permanent or permanent or deputation | From | To | Scale of Pay | Nature of duties performed |
|  |  |  |  |  |  |  |  |
| 8. | Additional information, if any, which you would like to mention in support of your suitability for the post. |  |
| 9. | Whether belongs to SC/ST/OBC |  |
| 10. | List of documents attached (All documents should be attested. Application should be continuously page numbered) |
| Name of the documents | Page No. |
|  |  |
|  |  |
|  |  |

I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found suppressed/false or incorrect or ineligibility being detected before or after the selection, my candidature/appointment is liable to be cancelled

Place:

Date:

Signature of the Candidate.............................

Name of Candidate.............................