

## APPLICATION FOR THE POST OF DOCUMENTATION SPECIALIST

(To be filled, scanned and emailed to [tnsdma@tn.gov.in](mailto:tnsdma@tn.gov.in))

1. Name of the Applicant (BLOCK LETTERS): \_\_\_\_\_
2. Father's Name: \_\_\_\_\_
3. Date of Birth (with age in yrs): \_\_\_\_\_
4. Gender (Male /Female): \_\_\_\_\_
5. Nationality: \_\_\_\_\_
6. Marital Status: \_\_\_\_\_
7. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Contact Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Mobile Number: \_\_\_\_\_
10. Alternate Mobile Number / Landline: \_\_\_\_\_
11. Email Address: \_\_\_\_\_

Passport size  
Photograph may be  
scanned and  
uploaded as  
attachment

### **12. Educational Qualifications \*:**

S. No	Educational Qualification	Year of Passing	Specialization	University / Board	GRADE / CLASS Obtained	Marks (In %)
(i)	(ii)	(iii)	(iv)	(v)	(vi)	(vii)
1	Post graduate					
2	Graduate					

**\* Additional Column / Row may be added if required**

### **13. Experience\*:**

S. No	Name of the Organization	Designation	Duration		Total Duration	Job Nature
			From	To		

**\* (Additional columns / rows may be added if required)**

**14. Trainings Undergone\***

S. No	Subject	Duration		Institution	Remarks if any
		From	To		

**\* Additional Column / Row may be added if required**

**15. Research Papers Presented in Conference / Published in Journals\* (if any):**

S. No	Name of the Paper	Specialization	Name of Conference where Presented / Name of Journal where published	Date

**Declaration:**

I \_\_\_\_\_, hereby declare that the particulars furnished by me in this application are true to the best of my knowledge and belief. In case any information is found to be incorrect, my candidature shall liable to be rejected.

Date:

Signature of the Applicant