Application No.\_\_\_\_\_

## **Non-Teaching**

Please affix recent

Application No		Passport		
For the Post of:		(35 x 35 mm) Photograph		
Department:		1 novogrupn		
Reference:	on Number & Date)			
(Notificatio	on Number & Date)			
1. Name in Full (In capital Letters only)				
2. Father's Name & Occupation				
3. Address for Correspondence				
4. Contact Number & E-mail address		Mobile No : Email ID :		
5. Date of Birth				
6. Age as on the last date of submission of application (YY/MM/DD)				
7. Place of Birth				
8.Religon				
9. Caste				
10. Reservation Category (Enclose copies of Certificate issued by competent authority)				
11. Languages known				
Language	Read	Speak	Write	Examination passed(if any)

12. Highest Educational Qualification										
Details of Educational Q	Qualification									
Examination passed SSI onwards (for group D posts give thighest exam passed)	Name of t	Name of the Institution/University			Year of Passing	Percentage of Marks	Class Awarded			
13. Total No. of Year Experience										
Name of the Institution/Organization			Designation		Date	Job Details				
		Designation			Entry	Leaving	Job Details			
Declaration										
I hereby declare that the i behalf.	nformation furnis	shed i	in this application	form	is true to t	he best of my	knowledge and			
Place:										
Date:					Sign	nature of the	candidate			
Check – List of document	ts to be attached	with t	the application							
Title of the document  SSLC Marks Card			No's			k				
					Attached		Not Attached			
or age proof document										
Caste Certificate										
Qualification Certificate										
Experience Certificate										
Technical Certificate										
Copy of Aadhar Card										
Copy of PAN Card										
D 4 '1 CE D 1										
Details of Fee Paid  DD No.	Date	Data			Bank & Branch Name					
DD No. Date			Amount	Dank & Dranch No		INAIIIC				

The Applicants are required to submit the filled in application form in duplicate to the following address.

To, The Principal BMS College of Engineering PO Box No. 1908 Bull Temple Road Bangalore-560019 Karnataka, India.

Phone: 080-26622130 - 35

Issued by the Office of the Principal, BMS College of Engineering, Bangalore