

Tirumala Tirupati Devasthanams

APPLICATION FORM

FOR THE POST OF _____

(FOR OFFICE USE ONLY)

APPL. No. _____

ELIGIBLE / INELIGIBLE _____

Reasons for Ineligible (If ineligible) _____

SPACE FOR
ATTESTED
PHOTO OF
THE
APPLICANT

TO BE FILLED BY THE APPLICANT : (IN CAPITAL LETTERS ONLY)

(*) wherever is indicates, the applicant should be filled.
Otherwise, the application is summarily for rejection.

1. (*) Name :
2. (*) Surname :
- 3 (*) Father / Husband Name :
- 4 (*) Date of Birth :
- 5 (*) Communal Category :
(O.C. / B.C. / S.C. / S.T.)
- 6 (*) Whether the Xerox copy of the caste certificate enclosed or not (If the candidate belongs to B.C./S.C./S.T. Categories) (If the applicant belongs to O.C., category, fill up the column with “NOT APPLICABLE”) :
- 7 Whether the candidate belongs Physically :

Challenged (If yes, the medical certificate issued by the Authorised Medical Board has to be enclosed with attestation by the Govt. Gezetterd Officer)

- 8 Academic Qualifications :
- 9 Technical Qualifications :
- 9 Experience if any (The experience should be in accordance with the qualifications prescribed in the notification as per TTD Service Rules). The experience certificate should be attested by the Govt. Gazetterd Officer :
- 10 Contact telephone / mobile No. if any :
- 11 E-mail details if any :
- 12 Other any relevant information / particulars :
- 13 Address for communication with Pincode :

14. STUDY PARTICULARS (FROM S.S.C.)

S.NO.	Exam. Passed	Year	Name of the Institution	Board / University	Percentage of marks

Declaration :

I solemnly declare that the information furnished above are absolutely correct. If any of the particulars above / enclosures are found to be false / wrong / incorrect at any point of time, I shall be liable for legal / criminal action by the TTD.

SIGNATURE OF THE APPLICANT

Place :

Date :