Application form for engagement as Contract Faculty in the Institute of Cooperative Management (ICM) Imphal.

Paste a recent passport size photograph

1.	Nan	ne(in block letter	s):					p.iotog.up	
	Father's/Husband's name:								
3.	Date of birth (Days/month/year)://								
4.	Domicile:								
5.	Nati	Nationality:							
6.	Mailing address (with Tel.No./Mobile No. & e-mail):								
7.	Permanent address:								
8.	Mobile No								
9.	Ema	ail ID:							
10	O.Educational/Professional Qualification:								
	SI. No.	Qualification	Unive	rsity/Insti	sity/Institute		% of mark score	Rank/ category	
11	.Wor	k experience:							
	SI. Organisation/Institute			Period		Nature (of Post held	Remarks	
				From	То				
12	.Whe	ther SC/ST/OBC	:						

13.	Details of Computer knowledge:
14.	Reference: (i)
	(ii)
	I hereby declare that the particulars furnished above are true and correct to the best of my knowledge and belief. In case any information furnished by me is found false or suppression of any information, I may be terminated and if required legal action may be taken. I have read this circular and accept all the terms and conditions for engagement to the post applied for by me.
	(Signature)
	Date :
	Mobile No. :
	E-mail address: