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S.T

Application Form

S.E.B.C

Lab Assistant

Note: Fill All Necessary Details as per your Marksheet and L.C.

1. Name of the Candidate: _____

2. Father's Name: _____

3. Address for Communication: _____

State: _____ ; Pincode: _____ ; Mobile No: _____

Email: _____

4. Date of Birth: ___/___/___ ; Age: _____ 5. Gender: Male: Female: Other: _____

6. Languages Known: English: Gujarati: Hindi:

7. Language for written examination: Gujarati (Only)

8. Marital Status: Married: Unmarried:

9. Category: GEN: OBC: SC: ST: EWS:

10. Education Qualification:

Sr. No	Exam	Board/University	Year of Passing	Total Marks	Obtained Marks	Percentage %
1	S.S.C					
2	H.S.C					
3	Graduation					
4	Computer Certificate					
5						

11. Experience:

Sr. No	Name Of Institute	Designation	From	To	Total Experience (Year/Month)



I have read the terms, meet all requirements, hold originals, and confirm my information is true. I accept that any error may void my candidature/appointment with retrospective effect and may lead to legal action. The Trust/Board's decision is final.

D.D. No.: _____ Bank Name: _____ Date: _____

Place: _____

Your's Faithfully

Signature of the Candidate: _____

Date: _____