

BISHOP ABRAHAM MEMORIAL COLLEGE*(Affiliated to Mahatma Gandhi University, Kottayam & NAAC Accredited- 'B' Grade)*

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THURUTHICAD, PATHANAMTHITTA, KERALA 689 597, INDIA

APPLICATION FOR THE POST OF _____

1. Full name (in Capitals) as in SSLC / Equivalent : _____
2. Sex : Male/ Female/ Transgender
3. Person with Disability (if YES, attach proof) : YES / NO
4. Date of Birth & Age (completed years) : _____
5. Religion & Denomination : _____
6. Marital Status : Single/ Married
7. Place of Birth : _____
8. Permanent Address : _____
9. Present (Mailing) Address with PIN Code : _____

10. Other Contact Details

Tel. No. _____ Mobile No: _____

e-mail: _____

11. Academic Qualifications: (attach copies of degree certificates and mark lists)

Course/Programme	Name of the University/Board.	Period of Study	Year of Passing	% of Marks /Grade	RANK, If any.
SSLC					
PDC/+2					
UG					
PG					
Computer Skills					
Accounting Skills					

12. Other/Additional Academic Qualifications, if any (attach separate sheet if necessary)

13. Experience: (only approved services to be given chronologically, attach proof)

Name of Institution	Position held	Period of service		Total Years / months
		From	To	

14. Other relevant information (if any):

15. Give names and addresses of three persons to whom we can refer about you:

1)

2)

3)

Declaration

I hereby declare that the information given in this application is true and correct to the best of my knowledge and belief.

Place:

Date:

Name and Signature of the Applicant

Details for online payment

(Attach Original payment receipt / e-receipt along with the filled application form)

Account Name : **BISHOP ABRAHAM MEMORIAL COLLEGE, THURUTHICAD**

Account No : **14430100091811**

BRANCH IFSC : **FDRL0001443**

BANK : **FEDERAL BANK**

BRANCH : **MALLAPPALLY**