



DOEACC SOCIETY, CHANDIGARH CENTRE

SCO 114-116, SECTOR 17-B, CHANDIGARH

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APPLICATION FORM FOR THE POST OF DATA ENTRY OPERATOR

1. Name (in block letters) : Ms/Mr.
2. Father's Name : Mr.
- 3 Fee deposited by : CASH / DEMAND DRAFT
- A. IF CASH : Receipt No. _____ Receipt Date _____
- B. IF DEMAND DRAFT : DD No. _____ DD Date _____
4. (a) Present Address : _____
- (b) Permanent Address : _____
5. Category (General / Reserved) : _____
6. Date of Birth : _____
7. Phone No. / Mobile No : _____
8. e-mail address : _____
9. Knowledge of Typing : ENGLISH -- YES / NO
 Languages and Language in PUNJABI -- YES / NO
 which type test will be given HINDI -- YES / NO

10. Educational Qualifications

Exam Passed	Passing year	Board/University	Total Marks	Marks Obtained	%age

11. Details of Experience

Sl. No.	Name of the Organization	Designation & Pay drawn	Duration			Nature of Experience
			From	To	Years / Months	

12. Total Experience: :

13. Knowledge of Computer and Certificate obtained, if any :

14. Any other achievements :

Date: _____

Signature of the Candidate

Encl: Testimonials