

Indian Institute of Mass Communication

(An Autonomous Institution of the Ministry of I&B, Govt. of India)

<u>Application Form for filling upofthe position of Associate Grade II (Accounts) on</u> contract basis.

	Name of the Applicant in Block letters:					
2.	Date of Birth (DD/MM/YY):					
3.	Mobile No:					
4.	E-mail id:					
5.	Complete	Complete Mailing Address in Block letters:				
6.	Educational Qualification (Matriculation onwards):					
	Sl.No	Name of Degree	Name of the University		Year of Passing	
	7. Experience:-					
	Sl. No.	Designation	Organization	Nature of work	Experience	
Da	ite:-					

Place:-

Signature of Applicant