VOLUNTEER JOINING Form

(Please take a printout of this form, fill it, scan or take photo, and then send it back on our email id)

Date				···
Post Ap	plied For			
Candida	te Name			
Father's	Name			
Date of	Birth			
Address			••••••	•
•••••			•••••	
Contact	No			
E mail II)		••••••	
Marital	Status			
	<u>Ec</u>	lucation Qualification		
Standard	Board/University	Main Subject	Year of Passing	Percentage
•	om this currently doing any	part time course if yes mention	on 	

Professional Qualification if any

Course Name	Course Duration	Institute Name & Place	Year of Passing

Work Experience(Till Date)

Tenure/Duration	Trust Name	<u>Designation</u>	Reason for leaving

Detail of last organization working with				
Trust Name				
Total work experience				
Key Strengths 1				
2				
Weakness				
1				
2				
Why do you want to leave your last organization?				
Why should we hire you?				
<u>Declaration:</u>				
I confirm that the information I have provided in this form is to t correct, and complete.	he best of my knowledge true,			
I understand that if any of the required information in this form found to be false that the trust may refuse my application and a without any notice.				
I understand that if trust found me involve in any type of suspicus communicating work then trust can terminate me without any i	·			
Date	Name			
JAMMU	Signature			