

INDIAN KAYAKING & CANOEING ASSOCIATION

WZ-69, SECOND FLOOR, TODA PUR MAIN ROAD, DEV PRAKASH SHASTRI MARG, NEW DELHI-110012

E Mail: ikcasports@gmail.com, Contact No. : 011- 25845777

APPLICATION FORM

1. Post Applied for:
2. Name of the Candidate:
3. Father's/Husband's Name:
4. Date of Birth:
5. Gender:
6. Category (SC/ST/OBC/GEN)
7. Education Qualification:

S.NO	QUALIFICATION	BOARD/UNIV/INST	MARKS OBTAINED	TOTAL MARKS	SUBJECT

8. Experience (Attested copies should be attached)

DESIGNATION	NAME OF THE OFFICE	FROM	TO	DETAILS OF THE WORK

9. Present Address for communication: -

10. Contact Number: _____

11. Email id _____ 12. Adhar No. _____

DECLARATION:

I hereby declare that all the information provided in the application are true and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect or not satisfied the prescribed eligibility criteria for the post applied for my candidature is liable to be cancelled/rejected at any stage of selection. I will present All Original documents at the time of interview.

Place:

Date:

(Signature of the applicant)