

Indian Institute of Mass Communication

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

Ar	plicatio	n Form for filling up o	f the position of:			
1.	Name of the Applicant in Block letters:					
2.	Date of Birth (DD/MM/YY):					
3.	Mobile No:					
4.	E-mail id:					
5.	. Complete Mailing Address in Block letters:					
6.	Educational Qualification (Matricula Sl. Name of Degree		ation onwards): Name of the University		Year of Passing	
	110					
	7. Expe	7. Experience:-				
	Sl. No.	Designation	Organization	Nature of work	Experience	

Date

Place

Signature of Applicant