



भारतीय जन संचार संस्थान

Indian Institute of Mass Communication

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

Application Form for filling up of the position of **Associate (Outreach)** on contract basis.

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 (Matriculation onwards):

Sl. No.	Name of Degree	Name of the University	Year of Passing

7. Experience:-

Sl. No.	Position held	Organization	Nature of work	Time period

Date:-

Place:-

Signature of Applicant