



Application form for the Post of Legal Consultant to Karnataka State Mental Health Authority

1.	Name and Address in Block Letter																
2.	Date of Birth																
3.	Qualifications																
4.	Bar council enrolment No:																
5.	Details of employment, In chronological order. Enclose a separate sheet, duly authenticated by your signature, if the space below is insufficient.																
	<table border="1"><thead><tr><th>Office/Inst./ Org.</th><th>Post Held</th><th>From</th><th>To</th><th>Nature of duties.</th></tr></thead><tbody><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>		Office/Inst./ Org.	Post Held	From	To	Nature of duties.										
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6.	Details of experience (to be supported by relevant documents)																
7.	Additional information, if any, which you would like to mention in support of your suitability for the post. (Enclose a separate sheet, if the space is insufficient).																
8.	Remarks																

Date:

Signature of the candidate

Address