

Application Form

ANNEXURE-A

To
The District Magistrate
Paschim Medinipur

Paste recent
colour passport
size photo of the
candidate with
his/her full
signature thereon

Application for the post of _____

1. **Name of the Applicant (in Block letters):** _____
[Name as recorded in the Matriculation/Secondary Examination Certificate]
2. **Father's/Husband's Name** : _____
3. **Sex** : _____
4. **Date of Birth: (dd/mm/yyyy)** : ____/____/____
[Date of Birth as recorded in the Madhyamik/Secondary Examination]
5. **Age** : _____ [Age as on date of advertisement]
6. **Caste** : **General/SC/ST/OBC-A** (Tick the right one & annex self attested copy of caste certificate issued by the competent authority).
7. **Religion** : _____ **Nationality:** _____
8. **Mobile No.:** _____ [Mandatory] **Email ID:** _____
9. **Permanent Address** : Vill./Street: _____ P.O: _____
Block/Muni.: _____ P.S: _____
District: _____ Pin: _____
10. **Present Address** : Vill./Street: _____ P.O: _____
Block/Muni.: _____ P.S: _____
District: _____ Pin: _____

[Attach self attested copy of Aadhaar & EPIC]

11. **Educational Qualification:** [Mention from Matriculation and upwards & attach self attested copy]

Sl. no.	Name of Exam./ Diploma/Degree/ Course	Year of passing	University/Board/ Institute	Full marks	Marks obtained	% of Marks obtained
1						
2						
3						
4						
5						
6						

12. **Details of post qualification experiences:** [Attach self attested copy of experience certificate]

Sl. no.	Name of Organization	Govt./Private/ NGOs	Period		Total Experience
			From(date)	To (date)	
1					
2					
3					
4					

Declarations:

I do hereby declare that all the statements made by me in the application are true and complete to the best of my knowledge and belief. I also understand that in case any of my statement is found false or incorrect during any stage, it shall disqualify me for the post applied for and/or I shall be liable for any other action that may be taken under the extant rules.

Yours faithfully,

Signature of the Applicant

Date : _____

Place : _____