

Application Form

Application NO

(For office use only)

Please put your signature
Across the photograph.

PLEASE FILL UP THE APPLICATION IN CAPITAL LETTER IN (Except

Signature in CAPITAL LETTER)

Advertisement No.5068

Dated:12-12-2022

Application for the post of Community Service Providers(CSP)

1. Name (In Capital Letter):

FIRST NAME:

MIDDLE NAME:

SURNAME:

2. Father's / Husband's Name (In Capital Letter) :

3. Date of Birth(DD/MM/YYYY)

4. Age as on 01.01.2022 Years Months

5. Material Status (Tick in appropriate box):

6. Nationality:

7. Address:

7.1. Permanent address (IN Capital Letter):

P.O.:

Town/City:

Municipality:

Ward No:

District:

State:

Pin code:

12. Language Known :(Please Tick):

Sl. NO.	Language	Writing	Reading	Speaking

13. Check List of documents :(Please Tick the Box)

Sl. NO.	Documents	Y/N	No. of Documents enclosed(photo copies)
1.	Proof of Age (Madhyamik Admit Card)		
2.	Proof of Academic Qualification		
3.	Proof of Residence(Aadhaar Card/Voter Card/Ration Card)		
4.	Caste Certificate		

Declaration:

I hereby declare that I have carefully read the conditions of eligibility mentioned in the advertisement. These conditions are acceptable to me and I fulfill these conditions. The details mentioned in the Application are true and I Shall furnish the necessary documents in original whenever required.

If any information /details found to be incorrect / false at any stage of the selection process or if any fact to have been concealed by me or detected even after the appointment, my engagement likely to be terminated.

Date:

Place:

Signature of the Candidate