APPLICATION FORM

[To be filled up in BLOCK LETTER]

FOR THE POST OF SIKSHA SAHAYAK (CONTRACTUAL) IN DIFFERENT SCHOOLS UNDER SSD DEPARTMENT IN MAYURBHANJ DISTRICT

1.Name of Revenue District applied fo	r:			Space	for pasting	
2.Name of Post applied for :				one	recent	
3. Name of Applicant (in full):					graph of port size	
4. Name of Father/Husband :				colour	cicture with	
5. Permanent Address:					ackground I signature	
AT:				of the a	pplicant on	
PO:	Via:			its fr	ont side.	
PS:	PIN:	District:				
6. Present Postal Address For Corresp	oondence :					
AT:						
PO:	Via:	District:				
PS:	PIN:	Mob. Phone	No.			
7. Nationality:	8. R	eligion:				
9. Sex (Male/Female):	10. N	Marital Status (Married/Unmarried):				
11. Category (ST/SC/SEBC/Un-Reserved): / Sub-Caste:						
12. Whether Physically Handicapped (Yes / No) :  If Yes, Tick Mark (√) the Type of Disability: (Visually Impaired / Hearing Impaired / Orthopedically Handicapped						
Percentage of Disability:						
(Enclose the certificate issued by Competent Authority)  13. Whether a Sports Person (Yes / No):						
(If Yes, enclose the Identity card issued by the Sports & Youth Services Department)						
14. Whether an Ex-Serviceman (Yes / No):  (If Yes, enclose Identity Card & Discharge Certificate)						
15. Date of Birth in Christian era:	Day	Month Year				
(As recorded in High School Exam. Certificate)						
16. Age as on 01/01/2016: Years Month(s) Day(s)						
17. Details of Employment Exchange Registration Certificate:						
(a) Name of Employment Exchange						
(b) Registration No.:		(c) Month & Year of \	Validity:			
18. Details of Bank Draft:  (a) Name of Bank:  (b) Amount: Rs.						
(c) Bank Draft No.:	Bank Draft No.: (d) Date:					
19. Educational Qualification: SI. Name of Exam.			Year of	Total	Marks	
No. Passed Name of Scho	ool/ College	Name of Board/ University	Passing	The second second	secured	
1 2 3	14年	4	5	6	7	
(1)						
(II)						
(III)						
				-	-	
20. Whether an <b>Affidavit</b> is enclosed 21. List of Enclosures:	herewith for the	e post for only one Revenue Distr	ict of Odi	sha (Yes	/No) :	
21. Elect of Englosures.						
. <u>DECLARATION</u>						
I, Sri/Smt./Miss						
belief. In the event of any of the aforesaid information found false or incorrect at any stage hereafter, my						
candidature/selection/engagement is liable to be cancelled without any notice to me.						
Place: Date:						
Date.	Full Signature of the Applicant					