-MON
ASSAM

## **APPLICATION FORM**

**COMBINED COMPETITIVE (PRELIM.) EXAMINATION, 2018** (To be filled in by the candidate with good quality black/blue ball pen in capital letters in appropriate box)

Last	t date of re	eceipt of a	pplicatio	on: 18	3.06.20 <sup>-</sup>	18														
	(I) Eor (	non Cata	aony : E	20.25		ails o		be pa		MORC		· Po 1/	50.00	]						
	(I) For Open Category : Rs. 250.00 (II) For SC/ST/MOBC/OBC : Rs. 150.00 (III) For Candidates having BPL certificate/PWD candidates : NIL (Photocopy of certificate to be produced along with the Application form)														Photograph: Paste your recent good quality passport size (3.5 x 4.5) cm photograph. Please do not attest. Keep one identical photograph with					
Name of th	No. & Date of Treasury Receipt					Value			Application ID no.							urther stage				
						Rs	s.													
									onal Qualification Year of Passing e-I) (Post Graduate & above-II)						(Pleas	(Please Sign in the box below in blackball pen)				
5. (a) Date	of Birth ( <i>i</i>	As per H	SLC Ce	ertific	cate)		(b)	Age as	s on 0	1-01-20	)18									
D	DMN	<u>Y Y N</u>	ΥΥ	, 			Y	Y	MN		D									
6. Are you a (	a perman YES/NO)		ent of A	Assa				egory H/OBC	C&MO	BC)	8.		rvicem S/NO)	an		9. Na	tionality	1		
		]																		
10. Name (as	s recorded	l in HSLC	or equi	ivaler	nt certifi	cate	in BLO	CK LET	TER I	N ENGL	ISH) L	_eave o	one blai	nk spac	e each	in betw	veen pa	rts of th	ie name	
11. Father's	Name (I	eave on	e hlani	k sna	ice ear	ch in	hetwe	en par	l Is of th	l ne nam	e)							l		
12. Mother's	s Name	(Leave c	ne blar	nk sp	ace ea	ach ir	n betw	een pa	rts of	the nar	ne)	<u> </u>	1	r	1	1				
13. Type of	Disability	(PWD c	andida	ate)		1	14. De	partme	ntal C	andida	te	1	5. Have	e you e	ever be	en del	parred f	rom aj	pplying	
Locomotor Disability- OH								ES/NC							for any Govt. Post?					
Hearing Impaired-HI Visually Impaired-VI								(						YES/NO)						
			Г					tional S												
If so, Degre	e of Disa	bility(%)						te ONL ange or												
17	. Address	s for Cor	respon	denc	e:						1	8. Per	maner	nt Addr	ess:					
Name:			•							Name	e:									
Vill/Lane/F	Road:								-	Vill/La	ane/Ro	oad:								
House no:		P.O.							-	Hous	e no:		P.O.							
House no: P.O.   P.S. Dist.   State: Pin:										House no:P.OD P.SD State:						ist.				
State:				_Pin:					-	State	·				Pi	n:				
I hereby decla being found fa I have read th conditions as I further decla I certify that I	alse or inel e terms an may be ap re that I ful	igibility bei d conditio plicable to Ifill all the d	ng deteo ns of the me. condition	cted b e Com ns reg	efore or mission arding A	after as pu ge, E	the exa ublished	amination d in the a onal Qua	te and o n, actio advertis lificatio	correct to n may b ement c	e taken arefully	agains and I o	t me by to hereb	the Cor by under	nmissio rtake to	n as ma abide b	iy deem	fit.		
F	Place:																			
	Date:											 Signa	iture of	Cand	idate(ir	n full)				

Certificates from proper authority must be furnished for SI. No.4,5(a), 7,8,14 and from concerned authorities of Social Welfare Deptt. for SI. No.13 Application without PHOTOGRAPH and SIGNATURE of the candidate will be summarily rejected.