

FORMAT OF THE APPLICATION

APPLICATION FOR THE POST OF -----

1. Name of the candidate :-
2. Father's/ Husband's Name :-
3. Sex (Male/Female) :-
4. Marital Status (Married/Unmarried):-
5. Permanent Address :-
6. Present Address :-
7. (a) Date of birth :-
(b) Age as on 15.06.2019 :-

Self-attested
recent
passport size
photograph

8. Educational Qualification (attach attested copies of Certificates):-

Name of the Examination passed	Name of the Board/University	Year of passing	Aggregate Marks secured	Grade/ Division	% of marks secured
H.S.C.					
+2 Arts /Commerce/Science					
Diploma in computer Science.					

9. Category: SC/ ST/ SEBC/ GEN/ Sports person / Ex-Serviceman: -

(Strike out which is not applicable and attach the supporting documents issued by the competent authority)

10. Whether physically / orthopedically handicapped. (If yes, attached supporting medical certificates issued by the Competent Medical Authority/Board)

11. Religion :-

12. Nationality :-

13. Employment Exchange Registration No. :-

14. Attach two-character certificates issued by Gazetted Officer /Medical Practitioner/ Sarpanch etc.: - Mention name, designation of the officers) :-

15. Details of Treasury Challan with number and date :-

DECLARATION

I do here-by solemnly affirm and state that I am aware about the provisions of Orissa District and Sub-ordinate courts Non-Judicial Staff Services (Method of Recruitment and conditions of service) Rules 2008 and amendment rules thereof, and the statements made above are true and correct to the best of my knowledge and belief and based on record.

Place:

Date:

(Signature of the candidate)

FORMAT OF THE APPLICATION

APPLICATION FOR THE POST OF SALARIED AMIN.

1. Name of the candidate :-
2. Father's/ Husband's Name :-
3. Sex (Male/Female) :-
4. Marital Status (Married/Unmarried) :-
5. Permanent Address :-
6. Present Address :-
7. (a) Date of birth :-
(b) Age as on 15.06.2019 :-

Self-attested
recent
passport size
photograph

8. Educational Qualification (attach attested copies of Certificates):-

Name of the Examination passed	Name of the Board/University	Year of passing	Aggregate Marks secured	Grade/ Division	% of marks secured
H.S.C.					
Revenue Inspector Training					
Computer Certificate, if any					

9. Category: SC/ ST/ SEBC/ GEN/ Sports person / Ex-Serviceman: -

(Strike out which is not applicable and attach the supporting documents issued by the competent authority)

10. Whether physically / orthopedically handicapped. (If yes, attached supporting medical certificates issued by the Competent Medical Authority/Board)
11. Religion :-
12. Nationality :-
13. Employment Exchange Registration No. :-
14. Attach two-character certificates issued by Gazetted Officer /Medical Practitioner/ Sarpanch etc.: - Mention name, designation of the officers)
15. Details of Treasury Challan with number and date :-

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Place:

Date:

(Signature of the candidate)