#### **APPLICATION FORM**

To The Chairman, Sainthia Municipality P.O. - SAINTHIA District Birbhum West Bengal Attach Passport size Photo (Selfattested)

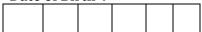
Application for the post of \_\_\_\_\_

1) Name (in Capital letter) :

#### 2) Father's / Husband's Name (in Capital letter)

# 3) Gender : (Male/Female)

#### 4) Date of Birth :



5) Nationality:



6) Category: (SC/ST/OBC/GENERAL)

#### 7) Address with PIN Code:

#### a) Permanent Address (in Capital Letters)

## b) Permanent Address (in Capital)

#### 8) Contact Number:

# 9) Academic Qualification:

SL No.	School/Board/Univ./Inst.	Exam. Passed	Year of Passing	Total Marks	Marks Obtained	Percentage

## 10) Computer Knowledge:

#### 1) Experience:

SL. No.	Name of employer	Name of post	Date of joining	Date of leaving	Whether the job is temporary or permanent	Type of work done

# 12) Additional Qualification (if any):

SL. No.	Documents	Yes	No	SL. No.	Documents	Yes	No
1	Proof of age			5	Copy of Employment Exchange Card, if any		
2	Proof of academic qualification			6	Copies of recent passport si8ze photograph		
3	Proof of working experience						
4	Proof in support of Category, if any						

## 13) List of documents should be enclosed (Put Tick mark in the Box):

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 certificates whenever required.

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

Date:

Place:

# **ADMIT CARD**

# **TO BE FILLED IN BY THE CANDIDATE**

Name of the post applied for:

- 1) Name :
- 2) Father's name :
- 3) Postal address :
- 4) Date of birth :

Attach Passport size Photo (Self-attested )

Signature of the Candidate

\_\_\_\_\_

# TO BE FILLED IN BY THE OFFICE OF SAINTHIA MUNICIPALITY

ROLL NO.

Name of the Examination / Interview Centre with complete address:

**Date of Examination / Interview:** 

**Reporting time at the Centre:** 

Note: - Bring all original certificates in support of Age, Educational Qualification & "No Objection Certificate" from concerned Authority, if applicable.

Date: