

## APPLICATION FORM

To  
The Chairman,  
Sainthia Municipality  
P.O. - SAINTHIA  
District Birbhum  
West Bengal

Attach  
Passport size  
Photo  
(Self-  
attested)

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

1) Name (in Capital letter) :


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


3) Gender : (Male/Female)

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4) Date of Birth :

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5) Nationality:

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

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7) Address with PIN Code:

a) Permanent Address (in Capital Letters)


b) Permanent Address (in Capital)


8) Contact Number:

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

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 size photograph		
3	Proof of working experience						
4	Proof in support of Category, if any						

**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:**

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**Signature of the Candidate**

# **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 )

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Signature of the Candidate

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## **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:**