FORMAT OF APPLICATION.

(FOR THE POST OF DRIVER)

1	Name	of the	Candidate	In Block	Letters)	1:
	INGILIC	OI LIIL	Cultulaucci	III DIOCIN		, a

- 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 21.09.2019):
- 8. Mobile Number & E-mail Id (if any):

9. Educational Qualification:

(Attach attested copies of certificates)

Name of the examination passed	Name of the Board/University	Year of passing	Aggregate of marks secured	Grade/ Division	Percentage of marks secured.
H.S.C.					
+2 Arts/Commerce / Science					ingariay has

10.Category: (SC/ST/SEBC/GEN/Sports Persons/ Ex-servicemen): (Strike out which is not applicable and attach the supporting documents issued by the competent authority)

- 11.Whether Physically/Orthopedically handicapped: (If yes, attach supporting medical certificates issued by the Competent Medical Authority/Board)
- 12. Religion:
- 13. Nationality:
- 14. Attach two character Certificates issued by two gazetted officer/medical practitioner/Sarpanch etc. (mention name, designation of the officers):
- 15. Details of Treasury Challan with No. & Date:
- 16. Driving License No., & Date of issue:
- 17. Certificate of Experience(in years):

DECLARATION

I do hereby solemnly affirm and state that I am aware about the provisions of Orissa Government Drivers(Light Motor Vehicle) Group-"C" (Method of Recruitment and condition of Service) Rules, 2013 and the statement made above are true and correct to the best of my knowledge and belief and based on record.

	0
d	

Date:

Signature of the Candidate

Affix one passport size self attested photograph