FORMAT OF APPLICATION

	<u>FORMAT O</u>	T AIILI	CATION		
	FOI	RM - A			
 Name of the Candida Father's/Husband's Sex (Male/Female): Marital status (Marris Permanent address: Present Address: Mobile No. (if any): E-mail address, (if any): Date of Birth as per Age as on 16.09.2019 	ied / Unmarried) : ny): Christian Era		tes)	atte pass si	our self- sted sport ze ograph
Name of the examination passed	Name of the Board/University	Year of passing	Aggregate of marks secured	Grade / Division	% of marks Secured
H.S.C. +2 Arts/Commerce/ Science					
Diploma in Computer Science Other Qualifications, if any					
(Strike out which is n 12. Whether Physically certificate issued by 13. Religion: 14. Nationality: 15. Employment Exchar	EBC/GENERAL/SPORTS ot applicable, attach the sure / Orthopedically Hand the Competent Medical Arange Registration No. (if any	upporting doc licapped : (uthority / Boa y):	uments issued laif yes, attach	by the authori	

17. Two Character Certificates issued by two gazetted officers / Medical Practitioners /

Declaration

I do hereby solemnly affirm and state that, I am aware about the provisions of Orissa

District & Subordinate Courts Non-Judicial staff services (Method of Recruitment and condition of service) Rules, 2008 and the statements made above are true and correct to the best of my

Signature of the candidate

Signature of the candidate

Sarapanch etc. are to be attached (Mention name, designation of the officers):

(The original Challan is to be attached)

knowledge and belief and based on record.

Date:

Place: