ANNEXURE-A

APPLICATION FOR THE POST OF PEON/ORDERLY/CHOWKIDAR (ON REGULAR BASIS) Adv. No.DJ-R(Req.)MND/2019- 13031-13070 Dated 5th November, 2019

(Affix here recent passport size photograph duly

To

	N	The District and T Iandi, District N In Code - 17500	Iandi,					Gazetted officer)	
i.	Name of	the candidate (In	capita	l letters):					
2.	Son/daughter/wife of :								
3.	Date of Birth(DD/MM/YY) :								
4.	Qualification(Matric onwards)(attach attested photocopies):								
	Sr. No.	Examination P	assed	Board/University		Total Marks		% of Marks	
	1.	Matric		60					
	2.	10+2						***	
	3.	Graduation							
	4.	Post Graduation	1						
_	•			1 /			4.00		
5.	Experience, if any; give de		7		Duration of service		Pay Scale	Total Experience in months	
	where working/worked		Post on which working/worked		From		ray Scale		
			3		From	То	<u> </u>		
	<u></u>	Andrew March 4 and a second se	<u> </u>						
7.	Address for correspondence: (Mention PIN Code also)								
8.	Mobile Number:		-				PIN Code:compulsory)		
			- IOD GW		11 88 11				
9.		(General/SC/ST/	OBC/C	Orthopaedica ST				onaedically	
	Gen. SC		. 31		S OBC		Orthopaedically Handicapped		
		Taran Maria							
14 . 5 1 .									
10.	Unique I	dentity Card No.	/AADI	IAR Card N	0			 	
						,			
						Si	gnature of	the candidate	
Place: Date:									
Date									
No pa mentic	rt of it is	Verified that the false or incorrect the are found falsice.	t and n	othing mate	rial has be	en conceale	d therefrom	. If particulars	
		• Verified on this th	ne (date	e)	Day of (M	lonth)	201	9.	

Signature of the candidate

ANNEXURE-B

APPLICATION FOR THE POST OF PEON/ORDERLY/CHOWKIDAR (ON DAILY WAGE BASIS)

Adv. No.DJ-R(Req.)MND/2019- 13031-13070

Dated 5th November, 2019

(Affix here recent passport size photograph duly attested by

To The District and Sessions Judge, Gazetted officer) Mandi, District Mandi, H.P. Pin Code - 175001. 1. Name of the candidate (In capital letters): 2. Son/daughter/wife of 3. Date of Birth(DD/MM/YY) (attach attested photocopy of proof) Qualification(Matric onwards)(attach attested photocopies): 4. Board/University Sr. No. **Examination Passed Total Marks** % of Marks 1. Matric 2. 10 + 23. Graduation Post Graduation 5. Experience, if any, give details as under(attach attested copy of certificate): Name of office Post on which Duration of service Pay Scale Total Experience where working/worked working/worked in months To From Permanent Address: 6. . . (Mention PIN Code also) PIN Code: Address for correspondence: 7. (Mention PIN Code also) PIN Code: 8. Mobile Number: (compulsory) 9. Category(General/SC/ST/OBC/Orthopaedically Handicapped): Gen. SC ST OBC Orthopaedically Handicapped 1 Unique Identity Card No./AADHAR Card No. Signature of the candidate Place: Date: Verification: Verified that the above information is true and correct to the best of my knowledge.

No part of it is false or incorrect and nothing material has been concealed therefrom. If particulars mentioned by me are found false at any stage then I shall be liable to be disqualified/ terminated without any notice.

> Verified on this the (date) Day of (Month)

> > Signature of the candidate