APPLICATION FORM

[To be filled up in BLOCK CAPITAL LETTER]

То	The District Welfare Officer, Mayurbhanj.					Space for pasting one recent photograph of passport size	
	(Notification No/ Dt)					r picture with background full signature applicant on front side.	
1.	Full Name of the (in Block Capital L						
2.	. Father's / Husband's Name :						
3.	Permanent Addro	ess :					
4.	Present Postal Ac	ddress :					
	(For Corresponde	ence)					
5.	Whether SC/ ST/ OBC/ PH/ Ex-Ser	viceman.:					
~	(Xerox copy of the Certificates to be attached in support of the claim)						
6. 7.	Gender (Male/ Female) : Date of Birth as recorded in the Matriculation Certificate :						
8.	Age as on 01/01/2	2022:	Years Month	Day			
9.	e e		xchange and Registration No	-			
10.							
SI. No.	Name of the Examination	Year of Passing	Board/ University	Full Marks (without extra optional)	Marks secured (without extra optional)	Percentage of Marks secured	
1	2	3	4	5	6	7	
(I)							
(II)							
(III)							
(IV) N B	Morko essures	in Extra	ntional/ Anaillany/ Foundation	n aubiaat ab	auld net he !:		
N.B.: Marks secured in Extra optional/ Ancillary/ Foundation subject should not be included for calculation.							

11. List of Enclosures.

DECLARATION

I do hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I have read the details in the advertisement notice and do hereby declare that I fulfill all the conditions of eligibility prescribed. In case of any of the statement/ particulars is / are found to be given wrong during or after the selection my candidature for the said post will be cancelled/ forfeited by the authority.

Place: