

APPLICATION FORM

[To be filled up in BLOCK LETTER]

FOR THE POST OF CONTRACTUAL CLASS-IV EMPLOYEE IN THE OFFICES OF DEAN & PRINCIPAL / SUPERINTENDENT OF PANDIT RAGHUNATH MURMU MEDICAL COLLEGE & HOSPITAL, BARIPADA, MAYURBHANJ DISTRICT FOR THE YEAR-2019

1. Name of Post applied for ATTENDANT / LABORATORY ATTENDANT / PEON

[Put tick mark (√) in the box]

2. Name of Applicant (in full):

3. Name of Father/Husband :

4. Permanent Address:

AT:

PO:

PS:

Via:

PIN:

District:

5. Present Postal Address For Correspondence :

AT:

PO:

PS:

Via:

PIN:

District:

Mob. Phone No.

6. Nationality:

7. Religion:

8. Sex (Male/Female):

9. Marital Status (Married/Unmarried):

10. Category (ST/SC/SEBC/Un-Reserved):

/ Sub-Caste:

11. Whether Physically Handicapped (Yes / No) :

If Yes, Tick (√) the Type of disability, (Visually Impaired / Hearing Impaired / Orthopedically Handicapped)

Percentage of disability:

(Enclose the certificate issued by Competent Authority)

12. Whether a sports person (Yes / No) :

(If Yes, enclose the Identity card issued by the Sports & Youth Services Department)

13. Whether an Ex-Serviceman (Yes / No) :

(If Yes, enclose Identity Card & Discharge Certificate)

14. Date of Birth in Christian era: Day Month Year

(As recorded in School Exam. Certificate)

15. Age as on 01/01/2019: Years Month(s) Day(s)

16. Details of Employment Exchange Registration Certificate:

(a) Name of Employment Exchange:

(b) Registration No.:

(c) Month & Year of Validity:

17. Details of Bank Draft:

(a) Name of Bank:

(b) Amount: Rs.

(c) Bank Draft No.:

(d) Date:

18. Educational Qualification:

Name of Exam. Passed	Name & Address of Educational Institution/ School	Name & Address of Block Education Office	Year of Passing	Total Marks	Marks secured
1	2	3	4	5	6

19. Desirable Information [Put tick mark (√) in the box] (If yes, enclose related documents, where necessary)

(a) Whether passed Class-VII OR Equivalent Exam. with Odia is one of the subjects : Yes No

(b) Whether debarred either from appearing in any other Competitive Exam.

or from holding Govt. Service by any Competent Authority/ Court :

Yes No

(c) Whether able to speak, read and write in Odia :

Yes No

20. List of Enclosures:

DECLARATION

I, Sri/Smt./Miss do hereby declare that all the information furnished above by me are true, complete and correct to the best of my knowledge and belief. In the event of any of the aforesaid information found false or incorrect at any stage hereafter, my candidature/selection/engagement is liable to be cancelled without any notice to me.

Place:

Date:

Full Signature of Applicant

Space for pasting one recent colour photograph of passport size with white background with full signature of the applicant on its front side.