ANNEXURE-II APPLICATION FORM FOR COMMUNITY SUPPORT STAFF

Pos	Position applied for –						
Nam	e of the CLF:		Name of the	ne GPLF:			
Nam	e of the Bank Branch (Bank Mitra):		Name of the Block:				
A	Personal Information						
1	Full Name of the Applicant						
2	Sex					Paste recent	
3	Full Name of Father/ Husband					passport size colour	
4	Full Name of Mother					photograph	
5	Date of Birth (DD/MM/YYYY)						
6	Age as on date of issue of notice (in Completed Years)						
7	Social Category (Please tick valid option)	Gen ()/ SEBC	()/SC ()/ ST	()/ Minority ()	
8	Economic Category (Please tick valid option)) / EPVo			ard holder ()/ BPL 00/- ()	
9	Special Category (Please tick valid option)	PwD () / Orph	an ()//P	VTG ()	
10	Current Address with name of Village, GP, Post Office, Police Station, Block, District, State, Pin						
11	Permanent Address with name of Village, GP, Post Office, Police Station, Block, District, State, Pin						
12	Telephone/mobile Number (Mandatory)						
13	Alternate telephone/mobile Number (Optional)						
14	Email ID (optional)						

В.	Educational Qualificattached)	cation <i>(Se</i>	elf attested	photocopy o	f Ce <mark>rtificate</mark>	es & Mark s	heets to be
Sl. No.	Degree/Diploma/ Certificate Course/ Any other	Total Marks	Total Marks secured	% of marks secured	Instituti on/ College/ School	Universit y / Board	Year of Passing
1	10 th Class						
2	12 th / Intermediate/ +2					8 4	1
3	Graduation (Specify)/+3						Street,
4	Post Graduate (Specify)						
	Any other qualificat Yes, mention below	ion, ITI/a	additional	degree, diplo	ma/ degree	/ certificate	course. If
5							
6							
7							
8							

Experience (S attached)	elf attested photocopy (of experience cer	tificates and releva	nt docum <mark>ent</mark> s to be
Area of Experience	Name and address of SHG/ CLF/ GPLF/Department/ Organization/ govt. recognized Institution associated with	PE	Total Period (In Years/	
		From (MM/YYYY)	To (MM/YYYY)	Months)
	attached) Area of	Area of Experience Name and address of SHG/ CLF/ GPLF/Department/ Organization/ govt. recognized Institution	Area of Experience Name and address of SHG/ CLF/ GPLF/Department/ Organization/ govt. recognized Institution From (MM/YYYY)	Area of Experience Name and address of SHG/ CLF/ GPLF/Department/ Organization/ govt. recognized Institution (MM/YYYY) (MM/YYYY)

D.	Language Proficiency (Put Tick Mark √ in appropriate column)					
Sl. No.	Language	Read	Write	Speak		
1	Odia					
2	Hindi					
3	English					
4	Any Other (Specify)					

Documents attached (refer to Annexure-III to know type of documents to be attached)

Sl No.	Name of Document attached	SI No.	Name of Document attached
1		7	
2		8	
3		9	
4		10	
5		11	
6		12	

Declaration

I do hereby, declare that information submitted by me is true to the best of my knowledge. I understand that, in case of false information, my candidature will be rejected at any given point of time and I am also liable for appropriate action.

Date	Place	Signature

ANNEXURE-III CHECKLIST OF DOCUMENTS TO BE SUBMITTED

Sl. No.	Parameter	Self-Attested Documents to be submitted
a.	b.	c.
1.	Address Proof	Resident Certificate/Aadhaar Card/ Voter ID/ Electricity/ Water Bill/ Ration Card
2.	Identity Proof	Aadhaar Card/Voter ID/PAN Card/ Driving License/ Ration Card with Photo
3.	Age Proof	Birth Certificate/ 10th class certificate
4.	Educational Qualification	Mark sheet/ Board Certificate/ Diploma/Degree Certificate/ Post graduate certificate/ Any other qualification certificate from approved recognized institution
5.	SHG Member	Letter from President/Secretary of concerned SHG
6.	Social Category (SC/ST/Minority)	Caste Certificate
7.	Economic Category (Poor/EPVG (SECC 2011 Census data)	PIP Under OLM as per SECC-2011
8.	Ration card holder	Ration card issued by Competent Authority
9.	BPL	BPL card issued by Competent Authority
10.	Annual Income less than Rs. 60,000/	Income Certificate issued by Tahasildar
11.	Person with Disability	Disability Certificate from concerned government department
12.	Orphan	Orphan certificate from concerned Tahasildar (staying at home)/ DCPO (staying at child care institution)
13.	PVTG	Caste Certificate
14.	Community Cadre in intensive village/ GP under OLM	Letter from concerned CLF President/Secretary (in case of CRP-CM), GPLF President/Secretary in case of MBK, Bank Mitra, CRP-EP mentioning period for which candidate is/was engaged in intensive village/ GP under OLM
15.	CRP for mobilization round/ Senior CRP under OLM	Letter/ Certificate from BMMU/DMMU/SMMU, OLM mentioning the period of engagement