## ANNEXURE-II APPLICATION FORM FOR COMMUNITY SUPPORT STAFF

| Posit | tion applied for –   |  |                     |
|-------|--|--|---------------------|
|       |  |  |                     |
| NI    | - SAL- CI E.   | Name of the GPLF:  |                     |
| Nam   | e of the CLF:  | Name of the 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   | -2   | passport size       |
| 4     | Full Name of Mother  |  | colour 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 ( )/ S'                                       | T ( )/ Minority ( ) |
| 8     | Economic Category (Please tick valid option)   | Poor ( ) / EPVG ( ) / Ration C ( )/Annual Income less than Rs.60,0 |                     |
| 9     | Special Category (Please tick valid option)  | PwD ( ) / Orphan ( )/ /PVTG (                                      | )                   |
| 10    | Current Address with name of<br>Village, GP, Post Office, Police<br>Station, Block, District, State, Pin   |  |                     |
| 11    | Permanent Address with name of<br>Village, GP, Post Office, Police<br>Station, Block, District, State, Pin |  | 4                   |
| 12    | Telephone/mobile Number (Mandatory)  |  |                     |
| 13    | Alternate telephone/mobile Number (Optional)   |  |                     |
| 14    | Email ID (optional )   |  |                     |

B. Educational Qualification (Self attested photocopy of Certificates & Mark sheets to be

|            | attached)                                     |                |                           |                    |                               |                    |                    |
|------------|---|----------------|---------------------------|--------------------|-------------------------------|--------------------|--------------------|
| SI.<br>No. | Degree/Diploma/ Certificate Course/ Any other | Total<br>Marks | Total<br>Marks<br>secured | % of marks secured | Instituti on/ College/ School | University / Board | Year of<br>Passing |
| 1          | 10 <sup>th</sup> Class                        |                |                           |                    |                               |                    |                    |
| 2          | 12 <sup>th</sup> / Intermediate/              |                |                           |                    |                               |                    |                    |
| 3          | Graduation<br>(Specify)/+3                    |                |                           |                    |                               |                    |                    |
| 4          | Post Graduate (Specify)                       |                |                           |                    |                               |                    |                    |
|            | Any other qualificat<br>Yes, mention below    | ion, ITI/a     | dditional                 | degree, diplo      | ma/ degree                    | certificate        | course. If         |
| 5          |   |                |                           |                    |                               |                    |                    |
| 6          |   |                |                           |                    |                               |                    |                    |
| 7          |   |                |                           |                    |                               |                    |                    |
| 8          | -   |                |                           |                    |                               |                    |                    |

| C.         | Experience(Secattached) | lf attested photocopy o                              | f experience cer | rtificates and releva   | nt documents to be |
|------------|-------------------------|--|------------------|---|--------------------|
| Sl.<br>No. | Area of                 | Name and address<br>of SHG/ CLF/<br>GPLF/Department/ | PERIOD           |   | Total Period (In   |
| 140.       | Experience              | Organization/ govt.                                  | From             | То  | Years/ Months)     |
|            |                         | recognized Institution associated with               | (MM/YYYY)        | (MM/YYYY)   |                    |
| 1          |                         |  |                  | р домого в простои в постои в | 1                  |
| 2          | ,                       |  |                  |   |                    |
| 3          |                         |  |                  |   |                    |
| 4          |                         |  |                  |   |                    |

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| 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)

| SI 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.

| D .  | n/    | ~         |
|------|-------|-----------|
| 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/ 10 <sup>th</sup> class certificate  |
| 4.      | Educational Qualification                             | Mark sheet/ Board Certificate/<br>Diploma/Degree Certificate/ Post graduate<br>certificate/ Any other qualification<br>certificate from approved recognized<br>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/<br>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   |