

## OFFICE OF THE DFO-CUM-DMU CHIEF, BARIPADA FOREST DIVISION



BARIPADA, DIST: MAYURBHANJ - 757001

Tel-06792-252613, FAX-06792-255772, <u>E-mail-dfobaripada.od@gmail.com</u>

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## **APPLICATION FORM**

Post applied for:					Attach a self attested			
(Note: Attach Bank Draft					photograph			
with Application Form and					(3cm X4cm)			
relevant documents)			T 4 NT					
1. First Name:			Last Name:					
2. Date of Birth:			3. Sex					
(Certificate of proof to be atta								
4. Present Contact Address:	:		5. Permanent	Telephone No:	(STD Code) Number			
6. Permanent Contact Address:			7. Present Telephone No: (STD Code)					
			Office Numl	ber:-				
8. Email Id:			9. Mobile No:					
10. Computer Literacy: Mention all software(s) know								
11. Education: High School	onwards, please	list all yo	ur qualificatioi	as				
Degree	Institute/ Board	Year	Division/ Marks(%)	Subjects	Full/ Part time / Distance learning			
Degree  Matriculation		Year	Division/ Marks(%)	Subjects	Full/ Part time / Distance learning			
<u> </u>		Year		Subjects				
Matriculation		Year		Subjects				
Matriculation +2 (Arts/Sci/Comm)		Year		Subjects				
Matriculation +2 (Arts/Sci/Comm) +3 (Arts/Sci/Comm)		Year		Subjects				
Matriculation +2 (Arts/Sci/Comm) +3 (Arts/Sci/Comm) P.G. (Specialisation)		Year		Subjects				
Matriculation +2 (Arts/Sci/Comm) +3 (Arts/Sci/Comm) P.G. (Specialisation) Professional		Year		Subjects				
Matriculation +2 (Arts/Sci/Comm) +3 (Arts/Sci/Comm) P.G. (Specialisation) Professional Others	Board	Year		Subjects				
Matriculation +2 (Arts/Sci/Comm) +3 (Arts/Sci/Comm) P.G. (Specialisation) Professional Others 12. Employment Record:	Board on experience:	Year		Subjects				
Matriculation +2 (Arts/Sci/Comm) +3 (Arts/Sci/Comm) P.G. (Specialisation) Professional Others 12. Employment Record: Total years of post qualification	Board on experience:	Year		Subjects				
Matriculation +2 (Arts/Sci/Comm) +3 (Arts/Sci/Comm) P.G. (Specialisation) Professional Others 12. Employment Record: Total years of post qualificating Years of experience in Govern	Board on experience:	Year	Marks(%)	Subjects				
Matriculation +2 (Arts/Sci/Comm) +3 (Arts/Sci/Comm) P.G. (Specialisation) Professional Others 12. Employment Record: Total years of post qualification years of experience in Governal to the control of	Board on experience:		Marks(%)					
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Matriculation +2 (Arts/Sci/Comm) +3 (Arts/Sci/Comm) P.G. (Specialisation) Professional Others 12. Employment Record: Total years of post qualification years of experience in Governous and the second of the second	Board on experience: nment: omputers		Marks(%)	y to use	Distance learning			
Matriculation +2 (Arts/Sci/Comm) +3 (Arts/Sci/Comm) P.G. (Specialisation) Professional Others 12. Employment Record: Total years of post qualificati Years of experience in Gover 13. Level of Proficiency in c MS Office Program  MS WORD	Board on experience: nment: omputers		Marks(%)	y to use	Distance learning			
Matriculation +2 (Arts/Sci/Comm) +3 (Arts/Sci/Comm) P.G. (Specialisation) Professional Others 12. Employment Record: Total years of post qualificating Years of experience in Govern 13. Level of Proficiency in company of the MS Office Program  MS WORD MS POWER POINT	Board on experience: nment: omputers		Marks(%)	y to use	Distance learning			

## 14. Employment History (Use separate sheets if required)

Starting with your present employment, list in reverse order all the employments you have had in the below format								
Organization and	Designation	Tenure of	Love	l of	Type of	projects associ	inted	
project name	Designation	Engagement	Level of engagement		Government	projects associated  External Nature		
project name		(from	(Sta		sector or	Aided or	of works	
		to)	Distr		others	not. If yes,	by the	
			Blo		Others	name of	applicant	
			210	-11)		Donor	аррисан	
						organisation		
						<i>3</i>		
15 C4 E1								
Name of the organizat								
Since when working (								
to		• • • • • • • • • • • • • • • • • • • •						
Monthly Emolument i								
Wolting Emorament	incruding an and	owances						
16. Medical History:	Please give deta	ails of major heal	lth disabi	ilities (	covering conge	nital disorders,	physical	
or mental disabilities	of any sort, card	iac or pulmonary	disorde	rs etc.):				
17. Joining Time: Ple	ease confirm voi	ır ability to reloc	ate/ be at	t OFST	S Head Office	and Ioin with o	one month	
of selection. In case of						una som with	one monu	
	,	F	~I	F-	- 1			
In case of already emp	ployed person(s)	), NOC form pres	sent empl	loyer is	to be attached.			

English Hindi Oriya Other (please specify  19. Explain why do you consider that may use separate sheet for the same	-	Good	Poor	Fair	Good	Poor	TC	Good
Hindi Oriya Other (please specify )  19. Explain why do you consider tha	-	e suitable				- 00-	Fair	Good
Oriya Other (please specify)  19. Explain why do you consider tha	-	e suitable						
Other (please specify)  19. Explain why do you consider tha	-	e suitable						
specify	-	e suitable						
19. Explain why do you consider tha	-	e suitable						
	-	e suitable						
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	-	e suitable				/\ A /!	200	
may use separate sneet for the same	2)		e for the	position	аррнеа т	or (withi	ın 200 wc	ords and
•• • • • • • • • • • • • • • • • • • • •			1 0				1	
<b>20. Referees:</b> Two persons to whom		e reported	d professi	ionally in	the recei	nt past wi	nom we c	ean
immediately approach for a reference	2				1			
		Refe	eree-1			Re	eferee-2	
Name:								
Address:								
T.I. I. (C.II.V.								
Telephone/ Cell No:								
-								
Telephone/ Cell No:  Organization:								
-								
Organization:								
Organization:								
Organization:  Designation:								
Organization:  Designation:  Your professional Relationship								
Organization:  Designation:								
Organization:  Designation:  Your professional Relationship								
Organization:  Designation:  Your professional Relationship								
Organization:  Designation:  Your professional Relationship with the referee:								
Organization:  Designation:  Your professional Relationship								
Organization:  Designation:  Your professional Relationship with the referee:  Place:					Sign	ngturo o	f tha Ann	Jicant
Organization:  Designation:  Your professional Relationship with the referee:					Sig	nature oj	f the App	licant

18. Language Proficiency: Please confirm oral and written proficiency in languages known to you. Your

assessment shall be tested at a later stage: