

**ANNEXURE-II APPLICATION FORM FOR COMMUNITY SUPPORT STAFF**

**Position applied for –**

**Name of the CLF:** \_\_\_\_\_ **Name of the GPLF:** \_\_\_\_\_

**Name of the Bank Branch (Bank Mitra):** \_\_\_\_\_ **Name of the Block:** \_\_\_\_\_

| <b>A</b> | <b>Personal Information</b>  |  |
|----------|--|--|
| 1        | Full Name of the Applicant   | <i>Paste recent<br/>passport size<br/>colour photograph</i>                                      |
| 2        | Sex  |  |
| 3        | Full Name of Father/ Husband   |  |
| 4        | Full Name of Mother  |  |
| 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)   | Poor ( ) / EPVG ( ) / Ration Card holder ( ) / BPL ( ) / Annual Income less than Rs.60,000/- ( ) |
| 9        | Special Category (Please tick valid option)  | PwD ( ) / Orphan ( ) / PVTG ( )  |
| 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)  |  |

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

*Adhik*

| Sl. No.   | Degree/Diploma/<br>Certificate Course/<br>Any other | Total Marks | Total Marks secured | % of marks secured | Institution / College/ School | University / Board | Year of Passing |
|---|---|-------------|---------------------|--------------------|-------------------------------|--------------------|-----------------|
| 1   | 10 <sup>th</sup> Class                              |             |                     |                    |                               |                    |                 |
| 2   | 12 <sup>th</sup> / Intermediate/<br>+2              |             |                     |                    |                               |                    |                 |
| 3   | Graduation<br>(Specify)/ +3                         |             |                     |                    |                               |                    |                 |
| 4   | Post Graduate<br>(Specify)                          |             |                     |                    |                               |                    |                 |
| <b>Any other qualification, ITI/additional degree, diploma/ degree/ certificate course. If Yes, mention below</b> |   |             |                     |                    |                               |                    |                 |
| 5   |   |             |                     |                    |                               |                    |                 |
| 6   |   |             |                     |                    |                               |                    |                 |
| 7   |   |             |                     |                    |                               |                    |                 |
| 8   |   |             |                     |                    |                               |                    |                 |

| <b>C. Experience (Self attested photocopy of experience certificates and relevant documents to be attached)</b> |                    |   |                |              |                                 |
|---|--------------------|---|----------------|--------------|---------------------------------|
| Sl. No.   | Area of Experience | Name and address of SHG/ CLF/ GPLF/Department/ Organization/ govt. recognized Institution associated with | PERIOD         |              | Total Period (In Years/ Months) |
|   |                    |   | From (MM/YYYY) | To (MM/YYYY) |                                 |
| 1   |                    |   |                |              |                                 |
| 2   |                    |   |                |              |                                 |
| 3   |                    |   |                |              |                                 |
| 4   |                    |   |                |              |                                 |

| <b>D.</b> | <b>Language Proficiency (Put Tick Mark <math>\checkmark</math> in appropriate column)</b> |
|-----------|---|
|           |   |

| 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 | Sl 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

*Handwritten signature*

Cut from Here



**Acknowledgement**

**Application No:** \_\_\_\_\_

**I Ms/Smt..... acknowledge receipt of application of Ms/Smt..... for the position of ..... for ..... CLF ..... GPLF..... under..... BLF on date..... at .....**

**Full Name & Signature of receiver**

**With seal and stamp**

**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/ 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   |

*Amulya*