

(5)

FORMAT OF APPLICATION

1. Name of the candidate
2. Father's/Husband's Name:
3. Sex (Male/Female):
4. Marital Status (Married/Unmarried):
5. Permanent Address:
6. Present Address with PIN Code.:
7. Date of Birth: _____ (Age as on **01.09.2020**) ____ years ____ months ____ days
8. Educational qualification including Computer/qualification: (Attach attested copies)

Name of the Exam. passed	Name of the Board/University	Year of passing	Aggregate of marks secured	Grade division (if any)	% of marks secured.

9. Category: (SC/ST/SEBC/GEN/Sports Person/Ex-serviceman):
(Strike out which is not applicable and attach the self attested copy of supporting documents issued by the competent authority)
10. Whether physically/ orthopedically handicapped:
(If yes, attach self attested supporting medical certificates issued by the Competent Medical Authority/Board).
11. Religion:
12. Nationality:
13. Employment Exchange Registration No. (If any):
14. Attach two character certificates issued recently by two Gazetted Officers/Medical Practitioners /Sarapanch, etc. (Must be mentioned the name & designation of the officers)
15. Details of Treasury Challan with No. and Date.
16. Mobile No. Email id:

DECLARATION

I do hereby solemnly affirm and state that I am aware of the provisions of Odisha State Legal Services Authority Rules, 1996, and that the statements made herein above are true and correct to the best of my knowledge and belief and based on records.

10/09/2020
Secretary
Legal Services Authority

Full Signature of the Candidate