

**APPLICATION FORM FOR THE POST OF SENIOR ADMINISTRATIVE ASSISTANT BY
LIMITED DEPARTMENTAL COMPETITIVE EXAMINATION BASIS**

Name in Block letters	
Employee No	
Designation	
Date of regular appointment to the post of JAA	
Place of working with Intercom No.	
Date of Birth	
Category (ST)	
Sex	
Mobile No.	

DECLARATION

I _____ hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligible and detected before or after exam, I hereby convey my consent for cancellation of my candidature.

Signature of the candidate

Signature of the Head of the Department/Officer-In-Charge with Seal