

FORMAT OF APPLICATION

[See Para2A of Appendix A]

POST APPLIED FOR: _____



1. Name of the Candidate (**Capital Letters**) : _____
2. Father's/Husband's Name : _____
3. Sex (Male/Female) : _____
4. Marital Status (Married/Un-married) : _____
5. Permanent Address : _____

6. Present Address : _____

7. (a) Date of Birth : _____
(b) Age as on 24.06.2024. : _____
8. Educational Qualification(Attach self-attested copies)

Name of the Examination passed	Name of the Board/University	Year of Passing	Aggregate of Marks secured	Grade/Division	% of Marks secured
H.S.C.					
+2 Arts/Commerce/Science					
+3 Arts/ Commerce/ Science or equivalent					
Diploma in Computer Science					
Revenue Inspector Training(For Salaried Amin only)					

9. Category (SC/ST/SEBC/Gen/Spots Person/Ex-Serviceman). (Strike out which is not applicable and attach supporting documents issued by the competent authority.) : _____
10. Whether Physically/Orthopedically handicapped. (If yes, attach supporting Medical Certificate issued by the Competent Medical Authority/ Board) : _____
11. Religion : _____

12. Nationality : _____
13. Employment Exchange Registration Number : _____
14. Attach two Character Certificate issued by two different Gazetted Officers/ Medical Practitioner/ Sarpanch etc. (Mention Name, Designation of the officers) : i. _____

- ii. _____

DECLARATION

I do hereby solemnly affirm and state that I am aware about the provisions of Orissa District and Civil Courts' Judicial Staff Services (Method of Recruitment and Conditions of Service) Rules, 2008 amended upto 2023 and the statements made above are true and correct to the best of my knowledge and belief and based on record.

Date:

Place:

Signature of the Candidate

Self-declaration for Authentication of Certificate

I, _____, son/ daughter/ wife
of _____, age _____
years, resident of _____,
District- _____, Odisha, hereby declare that the information
given above and the documents enclosed herewith containing self-certification is/ are
genuine and authentic. If any information/ document is found false/ forged/ tempered,
I shall personally remain responsible for any criminal action U/s. 406/ 419/ 420/ 422/
468/ 471 IPC or any other penal provisions of law and the authentication of the
certificate will be treated as cancelled and intimated to all concerned. Also all the
benefits availed by me shall be summarily withdrawn.

Permanent Address:

Signature of the applicant

Date:

Place:

Mobile No.:

e-mail I.D.:

Present Address: