

20. Any dispute shall have jurisdiction of **Angul Court** only.

HOW TO APPLY

- a. The candidates must fill the Application Format as per **Annexure-I & Annexure-II** and attach the requisite documents with it.
- b. All documents must be **self-attested** by the candidate himself.
- c. All above documents to be **properly sealed** in a Covering Envelop.
- d. The Application along with enclosures in sealed envelope super scribing “**Application for Hiring of Services for Revenue Personnel-Revenu Inspector**” for the candidates applying for Revenue Inspector and “**Application for Hiring of Services for Revenue Personnel-AMIN**” for the candidates applying for AMIN, should be submitted in the **Office of General Manager, Subhadra Area, Near Biju Maidan, Po./Dist.- Angul, Odisha- 759122.**

(NB:- Before applying, the candidates are advised to ensure their eligibility for the assignment for which they intend to apply.)

IMPORTANT DATES:

Starting Date of issuance and downloading of Application	12/ 03/ 2022
Last Date of Submission of Application at MCL, Subhadra Area	26/ 03/ 2022
Tentative Date of Selection	Will be notified in the website /Area Notice Board along with intimation to the Eligible Shortlisted Candidates.
Tentative date of declaration of results	Will be notified in the website /Area Notice Board along with intimation to the Selected Candidates.

**General Manager
MCL, Subhadra Area**

ANNEXURE- I
APPLICATION FORMAT

Passport
Photo to be
pasted

APPLICATION FOR OFFERING SERVICES FOR: - Revenue Inspector
(Only 01 post per Application)

Reference No. & Date Against Advt. No:- _____ Dt: _____

SI No.	Particulars	To be filled by the Applicant	Self attested Copies to be enclosed.
1.	Name of the Applicant/Father's Name (in Capitals)		
2.	Date of Birth of the applicant (in DD/MM/YYYY)	____ / ____ / ____	Matriculation/SSC/High School or Equivalent Examination certificates
3.	Address of the applicant for Communication		Copy of Residential Proof (Voter-ID /AADHAR /Telephone or Elect.Bill/Bank Pass Book etc.
4.	Mobile/Telephone Number of the applicant.		
5.	Email ID		
6.	Educational Qualification	01. _____ 02. _____ 03. _____ 04. _____ 05. _____	Copies of all Educational, Professional and Technical Certificates etc.
7.	Certificate of Competency for carrying out RI jobs from Govt. recognized institution OR	Copy of Certificates	
	Work Experience Certificate from State Govt. as RI.	Copy of documents pertaining to such Experience.	
8.	Experience (in completed Years only)	_____ Years	Copy of documents pertaining to all Service Experiences.

Date:- _____

Place:- _____

Signature of the Applicant

Declaration by Applicant

All the above declaration & documents as submitted by me is true. And in case of any false submission, MCL Management is free to take appropriate action/ decision against me.

[Handwritten mark]

[Handwritten signature]

[Handwritten signature]

[Handwritten signature]

Signature of the Applicant

ANNEXURE- II
APPLICATION FORMAT

Passport
Photo to be
pasted

APPLICATION FOR OFFERING SERVICES FOR: - AMIN
(Only 01 post per Application)

Reference No. & Date Against Advt. No:- _____ Dt: _____

SI No.	Particulars	To be filled by the Applicant	Self attested Copies to be enclosed.
1.	Name of the Applicant /Father's Name (in Capitals)		
2.	Date of Birth of the applicant (in DD/MM/YYYY)	____ / ____ / ____	Matriculation/SSC/High School or Equivalent Examination certificates
3.	Address of the applicant for Communication		Copy of Residential Proof (Voter-ID /AADHAR /Telephone or Elect.Bill/Bank Pass Book etc.
4.	Mobile/Telephone Number of the applicant.		
5.	Email ID		
6.	Educational Qualification	01. _____ 02. _____ 03. _____ 04. _____ 05. _____	Copies of all Educational, Professional and Technical Certificates etc.
7.	Certificate of Competency for carrying out Amin jobs from Govt. recognized institution OR		Copy of Certificates
	Work Experience Certificate from State Govt. as Amin.		Copy of documents pertaining to such Experience.
8.	Experience (in completed Years only)	_____ Years	Copy of documents pertaining to all Service Experiences.

Date:- _____

Place:- _____

Signature of the Applicant

Declaration by Applicant

All the above declaration & documents as submitted by me is true. And in case of any false submission, MCL Management is free to take appropriate action/ decision against me.

Signature of the Applicant