

APPLICATION FOR THE POST OF OFFICE ASSISTANT (Temporary basis)

Affix passport size photo here

Name of the Applicant	
(in Capital Letters)	
(iii capital Letters)	
Father's Name	
Tatrici 5 Name	
Address for Communication	Permanent Address
Address for Communication	Permanent Address
D'a Carla	D'a Cada
Pin Code	Pin Code
Telephone Number/Mobile Number	
•	
Email Address	
Email / (adi ess	
Gender(Male/Female)	
Date of Birth /	
Age (as on 31.05.2024)	
Marital Status (Married/Single)	
Educational Qualification	
Poligion	
Religion	
Community(General/OBC/SC/ST/EWS)	
Mother Tongue	
- 0	
	1

Languages Known: (tick appropriate column)	Read	Write	Speak
1.			
2.			
3.			
Are you a Repatriate Member,			
Specify -Yes/No(If yes enclose copy of proof.)			
Do you have Two Wheeler License (Yes/No)			
Do you have Four Wheeler License (Yes/No)			
if yes, enclose copy of the License.			
Employment Experience, if any			
Fees paid details:			
Name of the Bank:			
DD/Pay Order Date & Number:			
Amount:			

I hereby declare that all the information furnished above by me are correct.

Place:	
Date:	
	Signature