

APPLICATION FORM

To
The Chairman,
Dhuliyān Municipality
P.O. – Dhuliyān, Dist. – Murshidabad
West Bengal - 742202

Affix Self
attested recent
color passport
size photo

Application for the post of

1) Full Name , as per Admit Card (In Capital Letters) :

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2) Father's / Husband's Name (In Capital Letters) :

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3) Gender : Male ☐ /Female ☐ / Others ☐

4) Date of Birth (DD/MM/YYYY) :.....

5) Age , as on 01/01/ 2017 (DD/MM/YYYY) :.....

6) Nationality :

7) Religion :

8) Caste (SC/ST/OBC /GEN) :

9) Present Address for communication (in Capital Letters)

VILL.,P.O.

P.S....., DIST.....

STATE , PIN.....

10) Permanent Address (in Capital Letters)

VILL.,P.O.

P.S....., DIST.....

STATE , PIN.....

11) Contact No. :

12) E-mail ID :.....

13) Academic Qualifications :

Sl No.	Examination Passed	Board /Council/University	Year of Passing	Total Marks	Marks Obtained	Percentage

14) Additional Qualification (if any) :

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15) Computer Knowledge :

Sl No.	Course Name	Name of the Institution	Course Duration	Percentage of Marks

16) Working Experience (if any) :

Sl No	Name of the Organization	Name of the post	Date of Joining	Date of Leaving	Total Working Period (in years)

17) List of documents to be enclosed with the application form (put tick in the box):

Sl No.	Documents	Yes	No	Sl No.	Documents	Yes	No
1.	Proof of Age			5.	Computer Certificates		
2.	Proof of Academic Qualification			6.	Recent Passport Size photographs		
3.	Experience Certificates			7.	One Self addressed envelope		

I hereby declare that I have carefully read the conditions of eligibility mentioned in the advertisement vide No. - **300-Health/DM** Dated – **09.12.2016** of Dhuliyan Municipality. These conditions are acceptable to me and I fulfill these conditions. The details mentioned in the application are true to the best of my knowledge and belief. I shall furnish the necessary certificates whenever required. If any information / details found to be incorrect /false at any stage of the selection process or if any fact found to have been concealed by me or detected even after the engagement, my services may be terminated.

Date:

Place :

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(Signature of the Candidate)