**APPLICATION FORM**

**To**

Affix Self attested recent color passport size photo

**The Chairman,**

**Dhuliyan Municipality**

**P.O. – Dhuliyan, Dist. – Murshidabad**

**West Bengal - 742202**

**Application for the post of ………………………………………………………..**

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

**…………………………………………………………………………………………………….**

1. **Father’s / Husband’s Name ( In Capital Letters) :**

**…………………………………………………………………………………………………….**

1. **Gender : Male /Female / Others**
2. **Date of Birth (DD/MM/YYYY) :……………………………………………………………..**
3. **Age , as on 01/01/ 2017 ( DD/MM/YYYY) :………………………………………………...**
4. **Nationality : ……………………………………………………………………………………..**
5. **Religion : …………………………………………………………………………………….**
6. **Caste (SC/ST/OBC /GEN) : …………………………………………………....................**
7. **Present Address for communication (in Capital Letters)**

**VILL. ……………………………………………….,P.O. ………………………………………**

**P.S………………………………………………………., DIST…………………………………**

**STATE ………………………………………., PIN…………………………………………….**

1. **Permanent Address (in Capital Letters)**

**VILL. ……………………………………………….,P.O. ………………………………………**

**P.S………………………………………………………., DIST…………………………………**

**STATE ………………………………………., PIN…………………………………………….**

1. **Contact No. : ……………………………………………………………………………………**
2. **E-mail ID :……………………………………………………………………………………..**

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1. **Academic Qualifications :**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl No.** | **Examination**  **Passed** | **Board /Council/University** | **Year of Passing** | **Total Marks** | **Marks Obtained** | **Percentage** |
|  |  |  |  |  |  |  |
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1. **Additional Qualification (if any) :**

**…………………………………………………………………………………………………………………………………………………………………………………………………………………………**

1. **Computer Knowledge :**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl No.** | **Course Name** | **Name of the Institution** | **Course Duration** | **Percentage of Marks** |
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1. **Working Experience (if any) :**

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| --- | --- | --- | --- | --- | --- |
| **Sl No** | **Name of the Organization** | **Name of the post** | **Date of Joining** | **Date of Leaving** | **Total Working Period (in years)** |
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1. **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 : ………………………………………..

(Signature of the Candidate)

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