ANNEXURE-III

APPLICATION FORM FOR THE POST OF GRAM ROZGAR SEVAK IN ANGUL DISTRICT

Name of the Can	didate				Recent Passport		
Father/Husband	s name						
Permanent addre	255				Size Photograph		
Correspondence address							
Registered E-mail id							
Registered Mobile Number							
Category(UR/ST/SC/SCBC)							
Date of Birth (as per the matriculation or equivalent certificate)							
Gender(Male/Female)							
Nationality							
Aadhaar Number							
Whether persons with disability (PwD). If yes, mention the benchmark disabilities			3 %				
Whether Ex-serviceman (Yes/No)							
Whether Sportsperson (Yes/No)							
Educational Qualification							
Examination Passed	Year of Passing	Total Marks (excluding extra/fourth	optional)	Marks secured (excluding extra/ forth optional)	Percentage (excluding extra / fourth optional		
		Lang	uage Prof	ficiency			
Language		Can read (Yes/No)		Can write (Yes/No)	Can Speak (Yes/No)		
English							
Odia							
Details of Compu	iter Proficie	ncy. (necessar)	certificat	es is required to be s	ubmitted)		

3

Signature of the Candidate

DECLARATION

1 Sri./Ms	, s/0 / l	D/O:
At/Po	, Village/Ward:	GP/Town:
Block/Municipality:	Dist:	do hereby declare that all the
particular stated in the app	lication form are true to the b	est of my knowledge and belief. I have
read and understood the	details of the advertisemen	t and shall abide by the terms and
conditions thereof. In the e	vent of any information being	found false or incorrect at any point of
time, my candidature / app	ointment may be cancelled/te	rminated without any further notice.
Place:-		
Date:-		
		Signature of the Candidate

7