

APPLICATION FORM FOR THE POST OF WOMEN WELFARE OFFICER/ DISTRICT COORDINATOR OF DISTRICT LEVEL CENTRE FOR WOMEN (DLCW) UNDER THE SCHEME MAHILA SHAKTI KENDRA FOR DISTRICT



TO

The.....

Name of the Post.....

passport size
photograph (size
of 3.5 × 4.5)

IMPORTANT INSTRUCTION :

(1) PLEASE READ THE INFORMATION AND THE INSTRUCTIONS TO CANDIDATES CAREFULLY BEFORE FILLING UP EACH ITEM BELOW

(2) The following information is to be filled in by the applicant neatly in English only with BLACK BALL POINT PEN ONLY

(3) Paste the Passport Photograph in the Box with gum or glue and do not Staple

(4) Do not make any stray marks on this form

(5) Application not signed by candidate shall be rejected.

(a) Name of the candidate :(in Capital letters as per Matriculation Certificate/Admit Card)

(b) Present Address (IN BLOCK LETTERS) : Vill/ Town.....Road/Bye lane/ Ward No.....House No, if any

P.O.....P.S.....Dist.....State.....PIN.....

Contact No..... E mail.....

2. (a) Father's / Husband's Name (IN BLOCK LETTERS):.....

(b) Mother's Name (IN BLOCK LETTERS) :.....

3. Permanent Address (IN BLOCK LETTERS) : Vill/ Town.....

Road/Bye lane/ Ward No.....House No, if any

P.O.....P.S.....Dist.....

State.....PIN.....

Contact No:..... E mail.....

4. Gender (Tick ✓ in the appropriate box) : Male Female Other

5. Date of Birth (Enclose a copy) :(DD/MM/YYYY)(as per Matriculation or equivalent examination)

6. Age on 31/01/2019:Years.....Month(s).....Day(s)

7. Nationality :.....

8. Previous occupation, if any :.....

9. Are you employed (Tick \checkmark), if employed :Yes..... No..... Submit an Employment Certificate (Self Declaration)

10. Present occupation, if any (describe briefly):.....

11. Particulars of all examinations passed :..... Commencing with Matriculation or Equivalent Examination.

Sl No.	Examination	Passed	Class or Division	Percentage Of Marks	Year	Subjects
1.						
2.						
3.						
4.						
5.						

12. Other Qualification (Computer Proficiency) :

13. Language Known (Read, Write and Speak) (\checkmark) :

Sl No.	Language	Read	Write	Speak
a.	English			
b.	Bengali			
c.	Assamese			
d.	Hindi			
e.	Other			

14. I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief . In the event of any information being found false or incorrect or ineligibility being detected before or after the examination/interview, action may be taken against me by this office as may deem fit.

Place.....

Date.....

Signature of Candidate (in full)