

APPLICATION FORM FOR CONTRACTUAL RECRUITMENT OF ACCOUNTANT / DATA ENTRY OPERATOR IN RUPASHREE PRAKALPA UNDER DPMU, SILIGURI

(Form should be filled in with ball pointed pen in own hand writing. Incomplete form without attached documents and form not delivered in due mandate time are liable to rejection)

In reference to the Notice vide Memo No. Dated, I am willingly to apply for the same and my details particulars are given below.

Recent coloured
passport size
Photograph (3.5
cmx2.5 cm) to be
pasted and duly
Signed by the
Applicant

Post Applied for: _____

1. Applicant's Name _____
(In Block Letters)

2. Date of Birth: ____/____/____ Age as on 01/01/2019: (D)____ (M)____ (Y)____

3. Gender (Male/Female/ 3rd Gender) : _____ Marital Status : _____

4. Father's / Husband's Name : _____

5. A) Category (SC/ST/OBC/GEN/EC) : _____

B) Whether Physically handicapped : Yes ☐ No ☐

6. Address for Correspondence: Village / Street _____

P.O. _____ P.S. _____

Dist. _____ Pin _____

7. Permanent Address : Village / Street _____

P.O. _____ P.S. _____

Dist. _____ Pin _____

Tel No. (with STD Code): _____ Mobile _____ Email Id _____

8. Educational Qualifications:

Exams Passed	Board/University	Subjects	Year of Passing	Marks obtained	Results/Division	% of Marks

9. Details of Work Experiences:

(Credential from Head of the office/organisation should be enclosed with NOC from current employer)

Sl No	Name of the Organization/Institution	Key tasks assigned	Period (From – To)

10. Details of Computer Knowledge/Qualifications:

Exams Passed	Institution/University	Subjects	Year of Passing	Marks obtained	Results/Division	% of Marks

Enclose self-attested photocopies of all proofs in respect of Sl. No. 01 to 10 (except 1, 3 & 4) must be attached.

"I hereby declare that all the statements made by me in the application are true, correct and complete to the best of my knowledge and belief. I also declare that in case of my statement found false or incorrect during any stage of recruitment and thereafter, I shall abide by the decision of the Authority including cancellation of my candidature or appointment under the extant of rules."

Date :

Place :

Full signature of the applicant