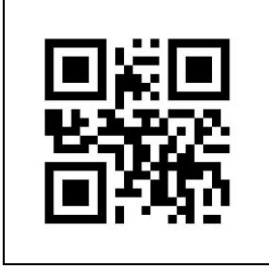




**APPLICATION FORM FOR RECRUITMENT EXAMINATION UNDER
THE LAI AUTONOMOUS DISTRICT COUNCIL**



Recent
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(3 copies)

- 1) Name of Service/Post : _____
- 2) Name of candidate : _____
(in capital letters only)
- 3) Father's/Mother's name : _____
- 4) Permanent address : _____

- 5) (a) Address for Correspondence : _____

- (b) Phone number : _____
- 6) Date of birth : _____
(attach self attested photocopy of Birth Certificate or HSLC)
- 7) Sex (Male or Female) : _____
- 8) Community i.e. SC/ST/OBC *(attach self attested photocopy of the supporting document)* : _____
- 9) Educational and other Qualifications as prescribed in the advertisement *(attach self attested photocopy of the supporting document)* : 1. _____
: 2. _____
: 3. _____
: 4. _____

- 10) Experience, if any : _____
(attach self attested Photocopy of the supporting document)
- 11) Whether the candidate : YES/NO
 Possessed working knowledge of Local language at least Middle School standard?
- 12) Indicate the list of self : 1. _____
 Attested documents : 2. _____
 Enclosed with the application *(i.e. Educational Certificate, ST Certificate, Birth Certificate, etc.)* : 3. _____
 : 4. _____
 : 5. _____
- 13) Whether or not the : YES/NO
 candidate is a person with benchmarked disability as defined under section 2(r) of RPwD Act, 2016?
- 14) If the answer at Sl. No. : YES/NO
 (13) is YES, whether or not The candidate wanted to Avail the services of scribe For writing the examination?
- 15) If the answer at Sl. No. : _____
 (14) is YES, whether or not the candidate will bring his/her own scribe OR utilize the services of scribe provided by the Recruiting Deptt.

DECLARATION

I hereby declare that the information given above and in the enclosed documents is true to the best of my knowledge and belief and nothing has been concealed therein. I understand that if the information given by me is proved false/not true, I will have to face the punishment as per the law. Also, all the benefits availed by me shall be summarily withdrawn.

Place :
 Date :

(Signature of the candidate)

CERTIFICATE BY HEAD OF DEPARTMENT

(For use of Government Servants only)

Certified that Mr/Mrs/Miss _____ holds a temporary/permanent post under the Central/State Government. His character so far as known to me is good and I am not aware of any circumstances which show that he would be unsuitable for any appointment to any post if successful in the examination.

Date :

Signature : _____

Designation : _____

(Office Seal)