

Application Form
Adv.No.CSR (N)/2020

Affix Latest
self attested
Passport
photograph

1. Course Applied for

Category (Please tick)	SC	ST	OBC NCL	GEN	EWS	PwBD (OH)	Digboi Legislative Constituency #
							(Yes/no) -

Candidates seeking reservations under Digboi Legislative Constituency (DLC) are required to tick the above falling which the candidates shall be considered under DLC.

3. Name (in block letters):			
4. Fathers Name:			
5. Gender		Marital Status: Married / Unmarried	

7. Postal Address	Village/Town: _____ _____ P.O _____ Dist _____ PIN CODE <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>		
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8. Nationality	<input style="width: 90%;" type="text"/>	9. Stat Domicile	<input style="width: 90%;" type="text"/>	10. Mobile No	<input style="width: 90%;" type="text"/>
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11. E mail-Id

12. Date of Birth	Date	Month	Year
	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

13. Age as on 31/12/2020: _____ years _____ months _____ days

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14. EDUCATIONAL QUALIFICATION

Exam Passed with year of passing (HSLC Onwards)	Subject Passed	Whether Regular Course (Yes/No)	Marks obtained	Total Marks	% of marks obtained or (GCPA)	Name of University/Institute/Board

(Additional lines may be added for additional qualification, if any) CGPA awarded to be converted to % age of marks)

15. Do you belong to Minority Community: Yes/No If Yes, Tick mark appropriate box.

Christian Sikh Muslim Parsi Buddhist Jain

16. Annual Family Income from all sources (Rs _____)

17. Income Certificate furnished (Financial year 2019-20): Yes or No _____

18. Date of Issue of Income Certificate _____ 19. Income certificate issued by _____

20. Father's Occupation: _____ 21. Mother's Occupation _____

22. If service holder, name of Organization in which working _____

23. Have you undergone/pursuing BSC (Nursing) GNM Course Yes/No: _____

24. Processing professional qualifications: Yes/no: _____ (Name of the course _____)

25. Have you ever been arrested, prosecuted, kept under detention or fined, convicted by a Court of Law or any offence debarred / disqualified by any public Service Commission from appearing in its examination- Yes/no _____

I hereby declare that the particulars furnished above are complete and correct to the best of my knowledge and belief, I understand that if at any stage, it is found that the information given in the application is false or incorrect or if I do not satisfy the eligibility criteria stated in the advertisement my candidature for the above course is liable to cancelled / terminated without assigning any reason whatsoever.

Date _____ Place _____ Signature _____