

APPLICATION FORMAT

(Application for the post _____)

Application No. _____
(For office Use only)

Paste self attested colour
photograph

To: **The Chairman,
Tufanganj Municipality,
P.O. Tufanganj, Dist. Cooch Behar
Pin-736159.**

01. Name of the Candidate (In Block Letter) : _____

02. Father's /Husband's/Guardian's Name : _____

03. Date of Birth : _____

04. Age as on 01.01.2019 : _____

05. Religion : _____

06. Category : _____

07. Sex : _____

08. Residential Address : Vill : _____

P.O. : _____

Dist. : _____

Pin : _____

09. Permanent Address : Vill : _____

P.O. : _____

Dist. : _____

Pin : _____

10. Contact No : Mobile : _____

e-mail: : _____

11. Educational Qualification:

Examination Passed	Board/University	Year of Passing	Division/Class/Grade	Percentage of Marks/Grade/Obtained

- N.B. For Serial No. 03,06 & 11 attach photocopy of certificates duly self attested

12. Experience, if any, please specify

I, do hereby declare that all the information stated in this application form are true. In case any of my information furnished and document attached here to is found to be not true and if I fail to produce relevant documents in support of the eligibility criteria, my candidature is liable to be cancelled by the appropriate authority at any stage of the selection/recruitment process.

Date: _____

Place: _____

 Full signature of the Applicant