## APPLICATION FORM

To	)		1	Dated				
Si								
1.	Full name in Capital letters with	address; if any surnam		ature of Applicant.				
2.	Date of birth: (DD/MM/YYY)	<b>(</b> )						
3.	Place of Birth:							
	Village/Town	Police Station	District	State				
4.	Father's/Mother's and Husband'	s name (in case of marr	ried female).					
5.	Personal Description:							
6.	A. Permanent Address in full:	<b>B</b> . Pre	sent Address in full :					
	Mobile No	Emai	I ID	s, please give the other				
Fr	om: T	o:	Address:					
7.	Reference:							
	Name and address of two responsible in your localities who would be prepared to Vouch							
	A.		В.					

1 2 3 4 5 6  1 2 3 4 5 6  1 2 3 4 5 6  1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Passed	AIII S	Date of	on and address	Name of Institution	dress Date of entering	g Date of	f leaving	Examination Passed	Division	subjects & taken	
2 3 4 5 10. Community:  (a) State your Religion:  (b) Are you a member of Schedule Ca Schedule Tribe? Answer 'yes' or If 'Yes' give particulars supported certificate (copy to be enclosed).  11. Present occupation if any:  12. Previous appointment held, if any:			3		2	3		4		6	7	
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	12. Previous appointment			ny:	ent occupation if any		12.	Previ	ous appointme	nt held, if a	ny:	
			• • • • •					•••••				
13. Are you a temporary/retrenched personal of a Temporary Department of Government of Meghalaya 'Yes' or 'No' if 'Yes' give particulars).	ry Department of Government of	mpora	sonal of a				orary Dep	oartment o	of Government	of Megha	laya (Ans	

8. Are you a Citizen of India ? if so, how ? (copy of Citizenship certificate should be enclosed where

Signature

Note: Particulars are to be filled in below the column in the space provided.