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To,
The Chairman
Mal Municipality
PO. Mal mDist: Jalpaiguri
Pin Code No. 735221

Sir,

Application for the post of at Mal Municipality

1. Name (In Capital Letters).....

2. Father's / Husband's Name (in Capital letters)

3. Gender : Male /Female (Please tick in the appropriate box)

M	F
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4. Date of Birth:/...../..... (DD/MM/YYYY)

5. Nationality :

6. Address:

a. Address for correspondence:

.....
.....

Town/city/village.....Dist:.....

State:.....

Pin:.....

b. Permanent Address:

.....
.....

Town/city/village.....Dist:.....

State:.....

Pin:.....

7. Contact :

a. Mobile no.:.....

b. Residence no.:.....

c. E-mail id :.....

8. Academic Qualification

Sl. No.	School/Board/University	Degree	Year of Passing	Percentage of Marks Obtained

9. Additional Qualification (If any):.....

10. Present Occupation (If any): Designation

.....

Name & Address of Employer

.....

.....

Organization

.....

11. Experience :

Sl. No.	Name of Organization	Name of the Post	Experience		Nature of Work done	Experience Certificate Enclosed (Y/N)
			Year	Month		

12. Language Known:

Language	Reading	Writing	Speaking

Declaration : I hereby declare that I have carefully read the conditions of eligibility mentioned in the advertisement. The details mentioned in the application are true and I shall furnish the necessary documents in original whenever required.

If any information / details found to be incorrect / false at any stage of the selection process or detected even after appointment, my engagement likely to be terminated.

Date:

Place:

.....

(Full Signature of Candidate)