

## SHILLONG CANTONMENT BOARD

### **APPLICATION FORM**

Name of the p	ost :	Affix self
Demand Draf	et No:Dt:Bank Name:	attested recent passport size
SI. No. of the	Post :	photograph
Advertisemen	t No. : <u>DT:</u>	
1. Name in	full (in CAPITAL letters) :	
2. Father's	'Husband's Name:	
3. Address: (i)	(in CAPITAL letters)  Correspondence address (with phone/mobile No. & E-mail):	
	PIN Code <u>:</u>	
	Email IdMobile Nos:	
(ii)	Permanent address	
	PIN Code:	
4. a. Date of	birth(DD/MM/YYYY):/	
	s on last date of <u>Years Months Days</u> f Application)	
5. Nationali	ty :	
	lale/Female/Others): us:	
8. Whether b	elonging to UR/SC/ST/OBC:	

(If SC/ST/OBC, enclose a certificate from authorized Issuing authority in support of your claims)

# 9. Qualification (Academic & Professional) (Please enclose a Xerox copy of each degree/certificate & mark- sheet):

Examination	Name of the Degree/Diploma	Name of the College & University/ Board	Year of passing	Division obtained	Percentage of marks/CGPA obtained (Aggregate in case of degree programme)	Subject(s) (Major)/ Specialization
10 <sup>th</sup> or equivalent					S S S S S S S S S S S S S S S S S S S	
(10+2) or equivalent						
Degree/Diploma course						
Master Degree						
Any other examination(s)						

10.	Additional information, if any, which you would like to support of your suitability	for the post.
		-

(Enclose a separate sheet, if the space is insufficient in any column.)

#### 11. Employment/Experiences Record (Starting from the present position):

Office/Institute/ Organization	Post held	Scale of Pay /Basic Pay/ GP/NPA	From	То	Actual Duration (Years & Months)	Nature of Duties

(Please attach experience certificates from competent authority duly signed / counter signed with date)

### **DECLARATION**

I hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found untrue or incorrect at any stage or I am not satisfying any of the eligibility criteria according to the requirements of the post, and also in case of creating influence/undue pressure regarding recruitment, shall tantamount to cancellation/ termination of my candidature.

	(Signature of the Candidate)
Date:	
Place:	
. 1000	(Name in Capital letters)