## APPLICATION FORM FOR RECRUITMENT TO THE POST OF FIELD ASSISTANT OF STATISTICS UNDER ECONOMICS & STATISTICS, PLANNING & PROGRAMME IMPLEMENTATION DEPATMENT

Passport size photo to be affixed

1.	Name of Post	:	
2.	Name of Department	:	
3.	Name of Applicant (In capital letters only)	:	
4.	Father's/Mother's name	:	
5.	Permanent address	:	
6.	(a) Address for Correspondence	:	
	(b) Phone number (whatsapp No.	):	
	(c) Alternate Phone number	:	
7.	Date of Birth (Attached self-attested photocopy of Birth Certificate)	:	
8.	Sex (Male or Female)	:	
9.	Community i.e SC/ST/OBC (Attached self-attested photocopy of the supporting document)	:	
10	.Educational and other Qualification as stated below:- (Attached self-attested photocopy) 1) Educational qualification	:	
	2) EPIC No.	:	
	3) Employment Registration no.	:	
	4) CCC (NIELIT) or other courses Of the level [with a minimum of 80 contact hrs (theory:32 hrs + practical 48 hrs)] or its equival and above as may be determined by the Govt. from time to time.		

11.Experience, if any (Attached self-attested photocopy of the supporti document)	: ng		
12. Whether the candidate po Working knowledge of Miz Language of at least Middl Standard	ZO	YES/NO	
13. Indicate the list of self-atte	ested :		
Document enclosed with t	he :		
Application (i.e Education	:	<u> </u>	
Certificate, ST Certificate,	:		
Birth Certificate, etc.)	:		

## DECLARATION

I hereby declare that the information given above in the enclosed documents are true to the best of my knowledge and belief and nothing has been concealed therein. I understand that if the information given by me is proved false/not true, I will have to face the punishment as per the Law. Also, all the benefits availed by me shall be summarily withdrawn.

Date	:	
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(Signature of the Candidate)

## **CERTIFICATE BY HEAD OF DEPARTMENT**

(For use of Government Servants only)

Certified that Mr/Mrs/Miss \_\_\_\_\_\_holds a temporary/permanent post under the Central/State Government. His character so far as known to me is good and I am not aware of any circumstances which show that he would be unsuitable for any appointment to any post if successful in the examination.

Date : \_\_\_\_\_

Signature	:
Designation	:

(Office Seal) :