**Sl No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| Affix a recent Passport size Photograph duly signed by the candidate |

**APPLICATION PROFORMA FOR THE POST OF L.D.CLERK UNDER THE DIRECTORATE OF EMPLOYMENT SERVICES & MANPOWER PLANNING, GOVERNMENT OF TRIPURA.**

To

The Director

Employment Services & Manpower Planning,

Govt. of Tripura, Agartala,

Tripura (W).

1. Name (In Block letter) :-
2. Father/Husband Name :-
3. Permanent Address :-
4. Contact No(Mobile) :-
5. Educational Qualification :-

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Examination Passed | Board/University | Year of Passing | Full Marks | Total Marks obtained | Percentage of Marks | Division | Remarks |
| Madhyamik |  |  |  |  |  |  |  |
| H.S.+2Stage |  |  |  |  |  |  |  |
| Bachelor Degree |  |  |  |  |  |  |  |
| Any other, if there |  |  |  |  |  |  |  |

1. Computer knowledge :-
2. Experience co-curriculum field (Sports/Culture etc.)/:-
3. Category(Gen/SC/ST/OBC/PH) :-
4. Religion :-

10. Nationality :-

11. Date of Birth(DD/MM/YYYY) : - \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_

12. Age as on 28.02.2015. :-

13. Employment Registration No. & Date & N.C.O. No. :-

I do hereby declare that the information given by me are true to the best of my knowledge and belief.

Date :-

Place :- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of the Applicant

* - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

**ACKNOWLEDGEMENT FOR THE POST OF L.D.CLERK UNDER/DESMP.**

**Sl No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of the applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s /Husband Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Official with Official Seal