"FORM-A" FORMAT OF APPLICATION

[See Para 2A of Appendix A]

| APPLIC | ATION | FOR | THE | POST |
|--------|-------|-----|-----|------|
|--------|-------|-----|-----|------|

| 1. | Name of the Candidate | · | Affix recent passport size |
|----|------------------------------------|-----|-----------------------------|
| 2. | Father's/Husband's Name | : | photograph |
| 3. | Sex (Male/Female) | | duly signed |
| 4. | Marital Status (Married/Unmarried) | : | at the lower portion of the |
| 5. | Permanent Address | : " | photograph |

6. Present Address
(Mobile No. & Email address, if any)

7. a. Date of Birth b. Age as on **19.05.2025**

8. Educational qualification (Attach attested copies of-

| Name of the | Name of the | Year of | Aggregate | Grade/ | % of |
|-------------|------------------|---------|-----------|----------|---------|
| examination | Board/University | Passing | of marks | Division | marks |
| passed | | | secured | | secured |
| H.S.C. | 8 | | | | |
| +2 Arts/ | и | | | | |
| Commerce/ | | | | | |
| Science | <i>;</i> | | | | |
| +3 Arts/ | Ø. | | | | |
| Commerce/ | | | | | |
| Science or | | | | | |
| equivalent | | | | | |
| Diploma in | | | | | |
| Computer | | | | | |
| Science | | | | | |

- Category: (SC/ST/SEBC/GEN/Sports person/Ex-Serviceman): (Strike out which is not applicable and attach the supporting documents issued by the Competent Authority).
- Whether physically/ orthopedically handicapped: (If yes, attach supporting medical certificates issued by the Competent Medical Authority/Board).
- 11. Religion:
- 12. Nationality:
- 13. Employment Exchange Registration No.
- 14. Attach two Character Certificates issued by two gazetted officer/medical practitioner/Sarpanch etc. (mention name, designation of the officers).

DECLARATION

I do hereby solemnly affirm and state that I am aware about the provisions of Orissa District and Civil Courts' Judicial Staff Services (Method of Recruitment and Conditions of Service) Rules, 2008 and the statements made above are true and correct to the best of my knowledge and belief and based on record.

| Place: | |
|--------|------------------------------|
| Date: | (Signature of the candidate) |

FORMAT OF THE APPLICATION

| APPLICA | ATION FOR THE POS | T OF SALAR | RIED AMIN. | | Affix recent |
|---|---|--------------------------|----------------------------|---------------------------|---------------|
| 1.Name of the candid | late :- | | | | passport siz |
| 2 Father's/ Husband's Name :- | | | | photograph duly signed | |
| 3. Sex (Male/Female) :- | | | | at the lower | |
| 4. Marital Status (Ma | | | | | photograph |
| 5. Permanent Addres | | | | | |
| o. Termanent hadre. | | | | | |
| 6. Present Address (Mobile No. & Emai | :- il address, if any) | | | | |
| 7. (a) Date of birth (b) Age as on 19.05 | :- 5.2025 :- | | | | |
| 0. Education 1.0 | :c: | 1 | | | |
| Name of the | ification (attach attest Name of the | Year of | Aggregate | :- Grade/ | % of marks |
| Examination | Board/University | passing | Marks | Division | secured |
| passed | | | secured | | |
| H.S.C. | | | | | |
| Revenue Inspector Training | | | | | |
| | SEBC/ GEN/ Sports not applicable and a | | | | sued by the |
| | ally / orthopedically issued by the Compe | | | | supporting |
| 11. Religion | | | :- | | |
| 12. Nationality | | | :- | | |
| 13. Employment Exchange Registration No. : - | | | | | |
| | acter certificates issuntion name, designati | | , | Medical P | Practitioner/ |
| Orissa District and Conditions of Service | DECL olemnly affirm and st Civil Courts' Judicial ce) Rules, 2008 and my knowledge and be | Staff Service the statem | ces (Method ents made a | of Recruit above are | ment and |

(Signature of the candidate)

Place:

Date: