## GOVT OF ASSAM OFFICE OF THE CHILD DEVELOPMENT PROJECT OFFICER NARAYANPUR ICDS PROJECT, LAKHIMPUR

Receive Date

Receive No

<b>APPLICATION FORM</b>	
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Advertise	ement No:	: CDPO(NRP	)E-2/2022-	23/Pt-1/2	222 [	Date:	22/1	1/202	2	
Name of Anganwadi Centre*									Paste a p	bassport
Application for the post of*									size phot	to here
Candidate's House no				Candidate's Serial no						
in Survey	Register*:		in Survey Register*:							
<u>A. Personal Details</u>										
1.Name of Candidate* (In BLOCK Capital Letters)										
2.Name of Father*:										
3.Name of Mother*:										
4.Name of Husband :										
5. Date of Birth* : DD MM YYYY 6. Age as on 01-01-2022* : YY MM DD										
7.Caste (SC/ ST/ TGT/Gen/ Others ): 8. Whether PWD(Yes/No):										
9. Marital Status(Married/ Unmarried/ Divorced/ Separated /Widow) :										
B. Educational Qualification*										
Exam Passed	Year of Passing	Board/ Council	Name of Institution		Tota Mark				Percentage Obtained	Division
10.Highest Qualification: 11. Professional Qualification (if any): C.Address Details*										
12. Residential Address 13. Permanent Address										
Vill:			Vill:							
PO:	20:			PO:						
PS:			PS:							
Dist:			Dist:							
PIN:			PIN:							
Cont. No:+91			Cont. No: +91							
		_	-	ments to						
<ul> <li>(a)<u>Age Proof Certificate* (Birth Certificate/ HSLC Admit Card/ HSLC Passed Certificate)</u></li> <li>(b)<u>Mark sheets &amp; Certificates* (HSLC/HSSLC)</u></li> <li>(c) <u>Residence Proof from concerned Gaon Pradhan</u>*</li> </ul>										
(b)Mark	sheets & (	<u>_erti†icates</u> *	<u>(HSLC/HSS</u>	<u>LC)</u> (c) <u>Re</u>	esidence	e Proc	ot tror	n con	<u>cerned Gaor</u>	<u>n Pradhan</u> *

(d)<u>Caste Certificate if applicable</u> (e)<u>Disability Certificate if necessary</u>

E. Declaration of Applicant

I do hereby declare to the best of my knowledge and belief that the facts and information provided above are true and correct. If any fact and information provided above are found to be false, my candidature will liable to be cancelled and the office may take any legal action against me as per rule.

Place:	
Date:	

Signature of Applicant

Incomplete FORM will summarily be rejected. Asterisk(\*) field is mandatory.