APPLICATION FORM

To The Chairman Jhalda Municipality, Dist: Purulia, W.B. Name of the Post applied for:						Coloured Passport Photo with Signature of the Applicant to be affixed.								
								2. S/D/V	V of:					
								3. Comm	nunication Address (With Pir	1 Code)				
4. Date o	of Birth:-	Age (as or	01.01.2020)											
	nality:-													
	ct Mobile No:													
0.71														
8. Educational Qualification:- NAME OF EXAM		BOARD/UNIVERSITY		TOTAL MARKS	CLASS/ DIVISION	PERCENTAGE OF MARKS								
						y								
9. Work	ing Experiences:-													
SL NO.	NAME OF ORGANISATION	POSITION HELD	PERIOD OF WORKING	OF W	L PERIOD ORKING EIENCES	NATURE OF WORK								

Declaration

I do hereby declare that the statements made in the application are true to the best of my knowledge and belief and if any of the information given there in is not in conformity with this Advertisement my candidature shall liable to be cancelled.