SL. NO Date of issue				gri./ pe filled by officials)	
APPLICATION FO	RM FOR T	HE POST OF C	OFFICE ASSIS	TANT	
A REST TABLEST MADE		TER OPERAT			
	difficulty.				
Indicate the name of the pos	st applied for :-				
(in Block Letter)				Affix recent passport size photo Graph with self	
				attestation.	
1. Name of applicant (Block letter)		0.066			
2. Father's / Husband's name:			•		
3. Sex (Male/Female):				Not Computer of	
4. Date of Birth (DD/MM/YYYY)	:		agaet	101010 00 1	
5. Age as on 03/09/2016:	Yea	rs Mon	ths Da	ays	
6. Present address & contact no.:	•••••••••••••••••••••••••••••••••••••••				
7. Permanent Address:	the information to and nothing income of the control of the contro	n good coovered has been por coled of 200 of 150 as Pct.	On the the transfer of the tra		
8. Mother Tongue :	••••••••				
9. Whether Un-reserved/ST/SC/OF	BC(Meitei/ Meit				
Un-reserved ST	SC	OBC (Meitei)	OBC (Meitei Pangal)	OBC (Other)	
10. Whether Persons with Disable ((Please tick in the relevant box b		se copy of self attesto	ed certificate)	(Applicate)	
Locomotor disability or cerebral	Visually impaired		Heari	Hearing impaired	
palsy		, , , , , , , , , , , , , , , , , , , ,	110411	S	
11. Whether a Government employee: If " yes", "No Objection Certific enclosed. Signature of Applicant:	eate" in origina		loyer (Competent a	nuthority) should be	

12. Self attested documents enclosed:

Sl. No.	Details of documents enclosed	Tick if enclosed
1.	Class –X certificate	
2.	Pu Sc. / Class XII passed Certificate	
3.	Graduate Certificate	
4.	Computer Course Certificate	
5.	ST / SC / OBC Certificate	Affix recent
6.	P W D Certificate (if applicable)	maco species retain
7.	No. Objection certificate (if applicable)	Self intestaction
8.	Employment Exchange registration number	
9.	Employment Exchange sponsoring serial number	

13.	I	of
	Shri/Smtaged(DOB	
	Resident of	
	District	. ,
	Manipur, hereby declare that the information given above and in the enclosed documents are true to the best of my knowledge and belief and nothing has been concealed therein. I am aware of the fact that if the true to the true to the true that the true to the true t	

best of my knowledge and belief and nothing has been concealed therein. I am aware of the fact that if the information given by me is proved false/not true, I will have to face the criminal proceedings as per provision of Section 177,193,197,198.199 and 200 of Indian Penal Code and any other suitable provisions of the Law. Also, all the benefits availed by me shall be summarily withdrawn and my application shall liable for disqualification.

	d.			0		1		
	1	ona	fire	Ot	Ar	m	licant	
-24	01	Silu	cuic	OI	7 7	ואי	ilcuit	

Date:

Place:

Date of issue			Roll No. Agri./ Date of Written Exam (to be filled by officials)		
indicate the name of the	ADMIT CARD Office Asst. Cum Comp. operator)				
(To be filled up by Candidate)					
Name of the Candidate (Block le	etter) ·		Affix recent		
Name of the Candidate (Block letter): Father's /Husband's Name:			passport size photograph with		
Address as per application form			self attestation		
	les)				
3. Sex (Mate/Comele):					
	Y)				
Signature of the issuing Authorit			of the Candidate)		
SL. No		Date of W	Agri./ /ritten Exam (to be filled by officials)		
Unresoved S1	ADMIT CARD	ORC	OBC		
	Office Asst. Cum Comp. operator)				
(To be filled up by Candidate)					
Name of the Candidate (Block letter):			Affix recent		
Father's /Husband's Name:			passport size photograph with		
Address as per application form			self attestation		
Whether SC/ST/OBC/PWD					
Name of the post applied for. :	86-				
Name of the post applied for. :		•	subority) should be		