SL. No:	Roll No. Agri./
Date of issue	(to be filled by officials)

APPLICATION FORM FOR THE POST OF VILLAGE EXTENSION WORKER / FIELD ASSISTANT AND PRIMARY PRICE REPORTER

Locomotor disability or cerebral palsy		Visu	Visually impaired		Hearing impaired	
	rsons with Disab in the relevant bo		se copy of self attes	ted certificate)		
				(30,000,000	Application	
Un-reserved	ST	SC	(Meitei)	(Meitei Pangal)	(Other)	
		OBC(Meitei/ Meit	OBC	OBC	OBC	
8. Mother Tong						
of the Low						
7. Permanent A	ddress:			to the compaty		
	ess & contact no.					
5. Age as on 03			rs Mo	nths Day	S	
I. / Date of Birth	(DD/MM/YYY	Y):				
3. Sex (Male/Fe	emale):					
2. Father's / Hu	sband's name:					
. Name of app	licant (Block lett	er):	Sherige.			
					attestation.	
					Graph with self	
(in Block	(in Block Letter)			p	Affix recent assport size phot	
		post applied for :-				

Signature of Applicant

12. Self attested documents enclosed:

Sl. No.	Details of documents enclosed	Tick if enclosed
1.	Class –X certificate	
2.	Pu Sc. / Class XII Sc. passed Certificate	
3.	BSc. Agri. / B.Sc. passed Certificate (if any)	
4.	ST / SC / OBC Certificate	AMERICANA
5.	P W D Certificate (if applicable)	photograph will
6.	No. Objection certificate (if applicable)	
7.	Employment Exchange registration number	
8.	Serial number sponsored by Employment Exchange	

13.	I		Son/Daughter of
	Shri/Smt	aged	(DOB)
	Resident of	ASSection	
		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 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 Also, all the benefits availed by me shall be summarily withdrawn and my application shall liable for disqualification.

(Signature of Application)

Date:

Place:

SL. No Date of issue			Agri./ Vritten Exam (to be filled by officials
	ADMIT CARD (VEW/FA & PPR)		
(To be filled up by Candidate)			100
Name of the Candidate (Block letter):	······································	Affix recent passport size
			photograph with self attestation
			self allestation
WI 41 COMMINGRATION			
Name of the post applied for:		•••••	
A / passed their minimum YYYY			
Signature of the issuing Authority		(Signature	e of the Candidate)
SL. No		D-UN-	,
Date of issue		Date of W	Agri./
	ADMIT CARD		(to be filled by official
	(VEW/FA & PPR)		
(To be filled up by Candidate)			
):		Affix recent
Name of the Candidate (Block letter) : Father's /Husband's Name :			passport size photograph with
Address as per application form:	claw and amiles a copy of soil disputati	centicole	self attestation
Wall Colomon Colomo	Viscelly amounted		ny haomant
Name of the post applied for :			
Signature of the issuing Authority	he e original assied by the emplo	(C:	authority) should be
organization of the issuing Authority		(Signature	of the Candidate)

SL. No