

SL. NO.....

Date of issue.....

Roll No. Agri./.....

(to be filled by officials)

**APPLICATION FORM FOR THE POST OF GROUP D**

Indicate the name of the post applied for :-

(in Block Letter ) .....

*Affix recent  
passport size photo  
Graph with self  
attestation.*

1. Name of applicant (Block letter): .....
2. Father's / Husband's name : .....
3. Sex (Male/Female) : .....
4. Date of Birth (DD/MM/YYYY) : .....
5. Age as on 03/09/2016 :                      Years.....                      Months.....                      Days.....
6. Present address & contact no. : .....
7. Permanent Address : .....
8. Mother Tongue : .....
9. Whether Un-reserved/ST/SC/OBC(Meitei/ Meitei Pangal/ Others)

Un-reserved	ST	SC	OBC (Meitei)	OBC (Meitei Pangal)	OBC (Other)

10. Whether Persons with Disable (PWD)  
(Please tick in the relevant box below and enclose copy of self attested certificate)

Locomotor disability or cerebral palsy	Visually impaired	Hearing impaired

11. Whether a Government employee:  
If " yes", "No Objection Certificate" in original issued by the employer (Competent authority) should be enclosed.

Signature of Applicant.....

12. Self attested documents enclosed :

Sl. No.	Details of documents enclosed	Tick if enclosed
1.	Class -X certificate	
2.	ST / SC / OBC Certificate	
3.	P W D Certificate (if applicable)	
4.	No. Objection certificate (if applicable)	
5.	Employment Exchange registration number	
6.	Serial number sponsored by Employment Exchange	

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 Also, all the benefits availed by me shall be summarily withdrawn and my application shall liable for disqualification.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

Date :

Place :

(To be filled up by Candidate)

Name of the Candidate (Block letter) :

Father's / Husband's Name :

Address as per application form :

Whether SC/ST/OBC/PWD :

Name of the post applied for: -

Signature of the issuing Authority

(Signature of the Candidate)

After receive  
passport size  
photograph with  
self attestation

SL. No .....  
Date of issue.....

Roll No. Agri./.....  
Date of Viva -Voce.....  
(to be filled by officials)

APPLICATION FORM FOR THE POST OF GROUP D

**ADMIT CARD**  
**(Group D)**

(To be filled up by Candidate)

Name of the Candidate (Block letter) : .....

Father's /Husband's Name : .....

Address as per application form : .....

.....

Whether SC/ST/OBC/PWD .....

Name of the post applied for: - .....

*Affix recent  
passport size  
photograph with  
self attestation*

Signature of the issuing Authority

(Signature of the Candidate)

SL. No .....  
Date of issue.....

Roll No. Agri./.....  
Date of Viva -Voce.....  
(to be filled by officials)

**ADMIT CARD**  
**(Group D)**

(To be filled up by Candidate)

Name of the Candidate (Block letter) : .....

Father's /Husband's Name : .....

Address as per application form : .....

.....

Whether SC/ST/OBC/PWD .....

Name of the post applied for: - .....

*Affix recent  
passport size  
photograph with  
self attestation*

Signature of the issuing Authority

(Signature of the Candidate)