| SL. No.:      |  |
|---------------|--|
| Date of issue |  |

| Roll No. Agri./             |  |
|-----------------------------|--|
| (to be filled by officials) |  |

## APPLICATION FORM FOR THE POST OF JEEP DRIVER / MECHANIC GRADE –III & HANDYMAN

| (in Block Letter)  |                 |                     |                                       |                       |                     |                    |  |
|--|-----------------|---------------------|---------------------------------------|-----------------------|---------------------|--------------------|--|
| (in Block Letter)  |                 |                     |                                       |                       |                     | Affix recent       |  |
| 1. Name of applicant: 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  | (in Bloc        | k Letter)           |                                       |                       |                     |                    |  |
| 1. Name of applicant:  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 OBC OBC (Meitei Pangal) (Other)  Whether Persons with Disable (PWD) (Please tick in the relevant box below and enclose copy of self attested certificate)  Occomotor disability or cerebral palsy  Whether a Government employee:  If "yes", "No Objection Certificate" in original issued by the employer (Competent authority) shoul |                 |                     |                                       |                       |                     | attestation.       |  |
| 1. Name of applicant: 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)  Jn-reserved ST SC OBC OBC OBC (Meitei Pangal) (Other)  Whether Persons with Disable (PWD) (Please tick in the relevant box below and enclose copy of self attested certificate)   |                 |                     |                                       |                       |                     |                    |  |
| 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  |                 |                     |                                       |                       |                     |                    |  |
| Date of Birth (DD/MM/YYYY):  Age as on 03/09/2016: Years   | . Name of app   | licant:             |                                       |                       |                     |                    |  |
| . Date of Birth (DD/MM/YYYY):  | . Father's / Hu | isband's name:      |                                       |                       |                     |                    |  |
| . Age as on 03/09/2016: Years  | . Sex (Male/Fe  | emale):             | ,                                     | ••••••••••••          |                     |                    |  |
| Permanent Address & contact no.:  Mother Tongue:  Whether Un-reserved/ST/SC/OBC(Meitei/ Meitei Pangal/ Others)  SC OBC OBC (Meitei Pangal) (Other)  Whether Persons with Disable (PWD) (Please tick in the relevant box below and enclose copy of self attested certificate)  occomotor disability or cerebral palsy  Whether a Government employee:  If " yes", "No Objection Certificate" in original issued by the employer (Competent authority) shoul   | . Date of Birth | (DD/MM/YYYY         | ):                                    |                       |                     | Man Courseler (2   |  |
| Mother Tongue:  Whether Un-reserved/ST/SC/OBC(Meitei/ Meitei Pangal/ Others)  ST SC OBC OBC (Meitei Pangal) (Other)  Whether Persons with Disable (PWD) (Please tick in the relevant box below and enclose copy of self attested certificate)  ocomotor disability or cerebral palsy  Whether a Government employee:  If " yes", "No Objection Certificate" in original issued by the employer (Competent authority) shoul   | Age as on 03    | /09/2016 :          | Yea                                   | rs Mo                 | onths Da            | ays                |  |
| Mother Tongue:  Mether Un-reserved/ST/SC/OBC(Meitei/ Meitei Pangal/ Others)  Mether Persons with Disable (PWD)  (Please tick in the relevant box below and enclose copy of self attested certificate)  Mether a Government employee:  If "yes", "No Objection Certificate" in original issued by the employer (Competent authority) shoul  | . Present addre | ess & contact no. : |                                       |                       |                     |                    |  |
| Mother Tongue:  Mether Un-reserved/ST/SC/OBC(Meitei/ Meitei Pangal/ Others)  Mether Persons with Disable (PWD)  (Please tick in the relevant box below and enclose copy of self attested certificate)  Mether a Government employee:  If "yes", "No Objection Certificate" in original issued by the employer (Competent authority) shoul  |                 |                     |                                       |                       |                     | •••••              |  |
| Mother Tongue:  Whether Un-reserved/ST/SC/OBC(Meitei/ Meitei Pangal/ Others)  ST SC OBC OBC (Meitei Pangal) (Other)  Whether Persons with Disable (PWD) (Please tick in the relevant box below and enclose copy of self attested certificate)  occomotor disability or cerebral palsy  Whether a Government employee:  If "yes", "No Objection Certificate" in original issued by the employer (Competent authority) shoul   |                 |                     | · · · · · · · · · · · · · · · · · · · |                       |                     |                    |  |
| Mother Tongue:  Whether Un-reserved/ST/SC/OBC(Meitei/ Meitei Pangal/ Others)  Un-reserved ST SC OBC OBC (Meitei Pangal) (Other)  Whether Persons with Disable (PWD) (Please tick in the relevant box below and enclose copy of self attested certificate)  Occomotor disability or cerebral palsy  Whether a Government employee:  If "yes", "No Objection Certificate" in original issued by the employer (Competent authority) shoul   | 7. Permanent A  | ddress:             |                                       |                       |                     | A Market Mark 1 (d |  |
| On-reserved ST SC OBC (Meitei) OBC OBC (Meitei Pangal) (Other)  Whether Persons with Disable (PWD) (Please tick in the relevant box below and enclose copy of self attested certificate)  Cocomotor disability or cerebral palsy Visually impaired Hearing impaired  Whether a Government employee:  If "yes", "No Objection Certificate" in original issued by the employer (Competent authority) should  |                 |                     |                                       |                       |                     |                    |  |
| Whether Persons with Disable (PWD) (Please tick in the relevant box below and enclose copy of self attested certificate)  occomotor disability or cerebral palsy  Whether a Government employee:  If "yes", "No Objection Certificate" in original issued by the employer (Competent authority) shoul  | 8. Mother Tong  | que:                |                                       | an dall he arms       | este vertileewa aar |                    |  |
| Whether Persons with Disable (PWD) (Please tick in the relevant box below and enclose copy of self attested certificate)  Cocomotor disability or cerebral palsy  Whether a Government employee:  If "yes", "No Objection Certificate" in original issued by the employer (Competent authority) shoul  | ). Whether Un-  | reserved/ST/SC/O    | BC(Meitei/ Meit                       | ei Pangal/ Others)    |                     |                    |  |
| Whether Persons with Disable (PWD) (Please tick in the relevant box below and enclose copy of self attested certificate)  Occomotor disability or cerebral palsy  Whether a Government employee:  If "yes", "No Objection Certificate" in original issued by the employer (Competent authority) shoul  | In-reserved     | ST                  | SC                                    | OBC                   | OBC                 | OBC                |  |
| (Please tick in the relevant box below and enclose copy of self attested certificate)  cocomotor disability or cerebral palsy  Whether a Government employee:  If "yes", "No Objection Certificate" in original issued by the employer (Competent authority) shoul   | Toser ved       | 51                  | 30                                    | (Meitei)              | (Meitei Pangal)     | (Other)            |  |
| (Please tick in the relevant box below and enclose copy of self attested certificate)  occomotor disability or cerebral palsy  Visually impaired  Hearing impaired  Whether a Government employee:  If "yes", "No Objection Certificate" in original issued by the employer (Competent authority) shoul  |                 |                     |                                       |                       |                     |                    |  |
| (Please tick in the relevant box below and enclose copy of self attested certificate)  ocomotor disability or cerebral palsy  Visually impaired Hearing impaired  Whether a Government employee:  If " yes", "No Objection Certificate" in original issued by the employer (Competent authority) shoul   | Dave            |                     |                                       |                       |                     | Total casts        |  |
| Whether a Government employee:  If "yes", "No Objection Certificate" in original issued by the employer (Competent authority) shoul  |                 |                     |                                       |                       |                     |                    |  |
| Whether a Government employee:  If " yes", "No Objection Certificate" in original issued by the employer (Competent authority) shoul   | (Please tick i  | n the relevant box  | below and enclos                      | se copy of self attes | ted certificate)    |                    |  |
| Whether a Government employee:  If "yes", "No Objection Certificate" in original issued by the employer (Competent authority) shoul  |                 |                     | Visu                                  | ally impaired         | Heari               | ng impaired        |  |
| If "yes", "No Objection Certificate" in original issued by the employer (Competent authority) shoul  | palsy           |                     |                                       | , issue, impuned      |                     | Treating imparied  |  |
| If "yes", "No Objection Certificate" in original issued by the employer (Competent authority) shoul  |                 |                     |                                       |                       |                     |                    |  |
| enclosed.  |                 |                     |                                       |                       |                     |                    |  |
|  | enclosed.       | Objection Certifi   | cate" in original                     | issued by the em      | ployer (Competent a | uthority) should b |  |
|  |                 |                     |                                       |                       |                     |                    |  |

## 12. Self attested documents enclosed:

| Sl. No. | Details of documents enclosed                       | Tick if enclosed |
|---------|---|------------------|
| 1.      | Class –X certificate                                |                  |
| 2.      | Driving license valid for last five years           |                  |
| 3.      | Automobile Certificate from a recognized institute. |                  |
| 4.      | ST / SC / OBC Certificate                           | After record     |
| 5.      | P W D Certificate (if applicable)                   | ritar erapi wi   |
| 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 |          |                 |
|     |             | 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 A |
|-----------------|
|-----------------|

Date:

Place:

| SL. No Date of issue   | Roll No. Agri./  Date of driving test etc  (to be filled by officials) |  |
|--|--|--|
| ADMIT CARD (Jeep Driver/ Mech.Gr-III & Hand  | lyman)   | AN   |
| (To be filled up by Candidate)  Name of the Candidate (Block letter):  Father's /Husband's Name:  Address as per application form: |  | Affix recent<br>passport size<br>photograph with<br>self attestation |
| Whether SC/ST/OBC/PWD  Name of the post applied for:   |  |  |
| Signature of the issuing Authority (Signature of the Candidate)  |  | of the Candidate)  |
| SL. No   |  | Agri./   |
| Date of issue  | Date of Driving test etc(to be filled by officials)                    |  |
| A D M I T C A R D  ( Jeep Driver/ Mech.Gr-III & Han  | dyman)   |  |
| (To be filled up by Candidate)  Name of the Candidate (Block letter):  Father's /Husband's Name:  Address as per application form: | red corollews).  | Affix recent passport size photograph with self attestation          |
| Whether SC/ST/OBC/PWD  Name of the post applied for :  |  | official should be   |
| Signature of the issuing Authority   |  | of the Candidate)  |