Roll No. Agri./
(to be filled by

## APPLICATION FORM FOR THE POST OF PHOTOGRAPHER

Affix recent

officials)

	ne of applicant (Block I				passport size photo Graph with self attestation.
	her's / Husband's name				
3. Sex	(Male/Female):				
4. Dat	e of Birth (DD/MM/YY	YY):			Sole Dayester of
5. Age	e as on 03/09/2016:	Yea	nrs Moi	nths D	ays
6. Pre	sent address & contact r	10.:			
8. Mo	ther Tongue : ether Un-reserved/ST/S	C/OBC(Meitei/ Mei	tei Pangal/ Others)	oile withdrawn and	my anthrotion, shall
Un-reser	ved ST	SC	OBC (Meitei)	OBC (Meitei Pangal)	OBC (Other)
	nether Persons with Discease tick in the relevant		ose copy of self attes	ted certificate)	APPLANT
Locomo	tor disability or cerebra palsy	Vis	ually impaired	Hear	ing impaired
	ther a Government employee" "No Objection C		al issued by the am	player (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.	Photography Certificate from a recognized Institute.	
3.	ST / SC / OBC Certificate	A TOTAL CONTROL OF THE CONTROL OF TH
4.	P W D Certificate (if applicable)	John Herst Copes, on
5.	No. Objection certificate (if applicable)	
6.	Employment Exchange registration number	
7.	Serial number sponsored by Employment Exchange	

13.	Son/Daughter of
	Shri/Smt
	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 Also, all the benefits availed by me shall be summarily withdrawn and my application shall

(Signature of Applicant )

Date :

Place:

liable for disqualification.

SL. No Date of issue	Roll No. Agri./ Date of Viva –Voce
	(to be filled by officials
	IT CARD otographer)
Father's /Husband's Name :  Address as per application form :	Affix recent passport size photograph with self attestation
WA A GOOTIOD ON TO	
2. Eather's 'Hissband's name and the control	
	cars Days Days
Signature of the issuing Authority	(Signature of the Candidate)
SL. No Date of issue  A D M I	Roll No. Agri./ Date of Viva –Voce (to be filled by officials of tographer)
(T) 1 (11 1 1 C 11 1 )	
(To be filled up by Candidate)	Affin magaint
Name of the Candidate (Block letter):	Affix recent passport size
Name of the Candidate (Block letter):  Father's /Husband's Name:	
Name of the Candidate (Block letter):	passport size photograph with
Name of the Candidate (Block letter):  Father's /Husband's Name:	passport size photograph with