APPLICATION FORM FOR THE POST OF DATA ENTRY OPARATOR (IT PMMVY) UNDER SANKALP: HUB FOR EMPOWERMENT OF WOMEN, DEPARTMENT OF WOMEN AND CHILD DEVELOPMENT, MAJULI

10,	
The	passport size photograph(size
Name of the Post.	of 3.5×4.5)
IMPORTANT INSTRUCTION: PLEASE READ THE INFORMATION AND THE INSTRUCTIONS	
CAREFULLY BEFORE FILLING UP THE FORM	
• The following information is to be filled in by the applicant neatly in Engl BLACK BALL PEN ONLY.	ish only with
 Paste a recent Passport size Photograph in the Box with gum/glue (do not 	staple).
 Do not make any stray marks on this form. 	
 Application submitted without sign by the candidate shall be rejected. 	
 Applicant must submit self-attested copies of requisite documents. 	
1. Name of the Candidate :(in Capital letters as per Matriculation Certificate/Admit	
2. (a) Father's/Husband's Name (in Capital letters):	
(b) Mother's Name (in Capital letters):	
3. Present Address (in Capital letters) :Vill.	
ГоwnRoad/Ward No	
House No, if anyP.O	
P.SDist	
StatePIN No	
Contact No	
E-mail id	
E-man id.	
4. Permanent Address (in Capital letters) : Vill	
Town	
House No, if anyP.O	
P.SDist	
StatePIN No	
5. a. Gender (Tick √ in the appropriate box): Male Female Other	
b. Caste (certificate should be enclosed):	
c. Are you Physically Challenged: Yes No	
d. Nationality: e. Religion:	

Date of	Birth (According t	o H.S.L.C certi	ficate copy of which si	iouid de che	7103ca)	
,	I/YYYY format)					
7. Age on	1 st January, 2025:	Years	Month(s)	Day(s)		
8. Previou	s occupation, if an	ıy:				
9. Employ	ment Registration	No(certificate s	should be enclosed):			
10. Presen	t occupation, if an	y (describe brie	fly):			
11. Particu	ılars of all examin	ations passed:				
				Wof	Board/	
Sl. No	Qualification	School/ College	Subject/Stream/ Course	Year of Passing	Council/ University	Percentage of Marks
	*					
10 04	O-1: Castion (Computer Profic	piency):			
	er Qualification (.1 . 11	into modo
I			here	eby declare	that all stateme	ents made
in this	application are tr	ue, complete ar	nd correct to the best	of my knov	vledge and beli	er. In the
			false or incorrect or in			
after th	e examination/into	erview, action n	nay be taken against m	e by this off	ice as may deer	m fit.
Place	•••••				0.0 111 /	C-11)
Date				Signature o	f Candidate (in	Tull)