

Format

Application Form

Application Number :

Post applied for : Legal Assistant

1. Name of the applicant (in capital letters) :
2. Father's / Husband's name :
3. Address for communication with Pin Code : _____

4. Permanent Address with Pin Code : _____

5. Date of Birth : Date.....Month.....Year.....
6. Age(as on 01.08.2018) : Year.....Month.....Date.....
7. Place of Birth : _____
8. Nationality : _____
9. (a) Mobile No. : _____
(b) Email ID : _____

10. Educational & Professional Qualifications :

Examination Passed	Name of Board/University	Year of passing	% of marks	Class/Division

11. Special qualification, if any : _____

12. Work Experience : _____

13. Category (please Tick)

- a. General :
- b. B.C-I :
- c. B.C.-II :
- d. S.C. :
- e. S.T. :

14. Sex (please specify) :

15. Whether handicapped, if yes tick the type and mention the % of disability : _____
 - a) blindness or low vision
 - b) hearing impairment
 - c) locomotor disability or cerebral palsy

16. Whether presently serving in any Govt. Institution/ Undertaking (Yes/No): _____

If yes,

- a) Name of Department/Institution:
- b) Name of Post held:
- c) Since:

17. Fee Details (Transaction Id/ Reference No./ Amount of Fee paid/ Paid On :

18. Documents uploaded

- i. Name of the document - Matriculation Certificate/ Law Graduate degree certificate/ Experience Certificate / Caste Certificate showing the place of residence (if applicable)

Declaration

It is hereby declared that the information furnished by me herein above is true to my personal knowledge and belief. It is also declared that neither Criminal case is pending against me nor I have ever been punished by any Court of law, nor I am involved in or related with any Criminal case for any offence involving moral turpitude. I know that if anything stated herein above turns out to be false, the High Court of Jharkhand may cancel my candidature at any stage of selection process and may debar me from appearing in the examination at its sole discretion. I further declare that if I obtain appointment on any false or incorrect information, my appointment shall be terminated/ cancelled and I shall be liable for prosecution under the Law.

Date: _____

Place: _____

Signature of Candidate