

ANNEXURE-II APPLICATION FORM FOR COMMUNITY SUPPORT STAFF

Position applied for –

Name of the CLF: _____ **Name of the GPLF:** _____

Name of the Bank Branch (Bank Mitra): _____ **Name of the Block:** _____

A	Personal Information		
1	Full Name of the Applicant		<i>Paste recent passport size colour photograph</i>
2	Sex		
3	Full Name of Father/ Husband		
4	Full Name of Mother		
5	Date of Birth (DD/MM/YYYY)		
6	Age as on date of issue of notice (in Completed Years)		
7	Social Category (Please tick valid option)	Gen () / SEBC () / SC () / ST () / Minority ()	
8	Economic Category (Please tick valid option)	Poor () / EPVG () / Ration Card holder () / BPL () / Annual Income less than Rs.60,000/- ()	
9	Special Category (Please tick valid option)	PwD () / Orphan () / PVTG ()	
10	Current Address with name of Village, GP, Post Office, Police Station, Block, District, State, Pin		
11	Permanent Address with name of Village, GP, Post Office, Police Station, Block, District, State, Pin		
12	Telephone/mobile Number (Mandatory)		
13	Alternate telephone/mobile Number (Optional)		
14	Email ID (optional)		

B. Educational Qualification (Self attested photocopy of Certificates & Marksheets to be attached)							
Sl. No.	Degree/Diploma/ Certificate Course/ Any other	Total Marks	Total Marks secured	% of marks secured	Institution / College/ School	University / Board	Year of Passing
1	10 th Class						
2	12 th / Intermediate/ +2						
3	Graduation (Specify)/ +3						
4	Post Graduate (Specify)						
Any other qualification, ITI/additional degree, diploma/ degree/ certificate course. If Yes, mention below							
5							
6							
7							
8							

C. Experience (Self attested photocopy of experience certificates and relevant documents to be attached)					
Sl. No.	Area of Experience	Name and address of SHG/ CLF/ GPLF/Department/ Organization/ govt. recognized Institution associated with	PERIOD		Total Period (In Years/ Months)
			From (MM/YYYY)	To (MM/YYYY)	
1					
2					
3					
4					

D.	Language Proficiency (Put Tick Mark \checkmark in appropriate column)			
Sl. No.	Language	Read	Write	Speak
1	Odia			
2	Hindi			
3	English			
4	Any Other (Specify)			

Documents attached (refer to *Annexure-III* to know type of documents to be attached)

SI No.	Name of Document attached	SI No.	Name of Document attached
1		7	
2		8	
3		9	
4		10	
5		11	
6		12	

Declaration

I do hereby, declare that information submitted by me is true to the best of my knowledge. I understand that, in case of false information, my candidature will be rejected at any given point of time and I am also liable for appropriate action.

Date

Place

Signature

Cut from Here  -----

Acknowledgement

Application No: _____

*I Ms/Smt..... acknowledge receipt of application of
Ms/Smt..... for the position of for
..... CLF GPLF.....
under.....BLF on date..... at*

Full Name & Signature of receiver

With seal and stamp