APPLICATION FORM

(For the Post of Chowkidar)

1.	Name of Po	st (applied for):							
	2. Name of Candidate :								
		n:							
		:							
		Qualifications (IF ANY):	-						
	S.No.	Name Of Qualification	Year of Passing	University/Board/		Class/Divi	sion		
	1.			School					
	2.								
	3.								
1.	Professional	Experience (if any):							
	S.No.		Name of Organization From		To)			
	1.								
	2.								
	3.								
<u> </u>	Address: a. Pos	ital Address :		,					
	b. Per	manent Address :							
			\bigcap			Signature (of Candidate		

APPLICATION FORM

(For the Post of Driver)

1. N	Name of Candidate :					Photograp	
2. F	ather's Name:						
	ate of Birth:						
4. D	omicile:						
5. CI	NIC No:						
6. Cc	ontact No:						
7. Re	eligion :						
8. Zo	ne:		_				
9. <u>ED</u>	UCATIONAL QUALIFICA	ATIONS:					
S.No.			University/Boa	iversity/Board/School		Class/Division	
1.							
2.							
3.							
No.	Type of License	Year of Issuance	Year of Expiry	Place of I	3340		
2.							
ADD	RESS: a. Postal Address : b. Permanent Addres						
				_	Signature of	f Candidate	