Please read	Job Applicati		ation PASTE (Do not Pin or Staple here). Paste recent passport size					
PLEASE FILL UP THE APPLIC (All information is to be filled <i>Fields marked as * are compu</i>	up in CAPITAL LETTERS) Ilsory		NG colour photograph of size 3.5 cm x 3.5 cm. The colour photograph should not be more					
NAME OF POST APPLIED FO	R*:		than 3 months old.					
DETAILS OF CANDIDATE			Please put your signature across the form and the photograph					
1. NAME OF CANDIDATE*:								
FIRST NAME:								
MIDDLE NAME:								
SURNAME:								
2. FATHER'S NAME*:								
3. MOTHER'S NAME*:								
4. CATEGORY (TICK √)*:		ST (P) ST (H) OI						
5. GENDER (TICK $$)*: MALE								
6. DATE OF BIRTH (DD/MM/Y	YYY)*:							
7. AGE (as on 01-04-2020)*:	Years Months							
8. PERMANENT ADDRESS*:								
P.O.:	P.	S.:						
P.O.:	P.	S.:						
	P.							
	P.		Image: Image of the second					
District:	P.		Image: Second					
District:								
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District: District: State: State: Output State: State:	DNDENCE*: (If same as Pe	ermanent Address write "						
District: State:	DNDENCE*: (If same as Pe							
District: District: State: State: Output State: State:	DNDENCE*: (If same as Pe	ermanent Address write "						
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District: District: State: Output Output State: Output State: Output State: Output State: Output	DNDENCE*: (If same as Pe	Image: state of the state o						

								Ass	sam	n State Urban L	ivei	lihoc	ods.	Miss	sion	. So	cietį	y	2	2
10. CONTACT NUMBER*:																				
(Candidate can mention two mobile nos.)																				
11. E-MAIL ID*:																				

12. EDUCATIONAL QUALIFICATIONS*:

ACADEMIC	QUALIFICATION/ NAME OF COURSE	NAME OF SCHOOL/COLLEGE/INSTITUTE	UNIVERSITY/ BOARD	GRADE/ DIVISION	PERCENTAGE (%)
10 th					
/Matriculation					
12 th / Higher Secondary					
Graduation					
Post Graduation					
Any Other Qualification (M.Phil, Ph.D, etc.)					

13. PROFESSIONAL EXPERIENCE*:

Employment details (Post Qualification only) (Candidates may use extra sheets if required and may enclose as annexure)

SI. No.	DESIGNATION	ORGANISATION	From (Date)	NATURE OF DUTIES		
	TOTAL EXP					

14. TRAINING AND OTHER COURSES ATTENDED (If any):

SI.	NAME OF TRAINING / OTHER	NAME OF		DURATION	
No.	COURSE ATTENDED	INSTITUTE	INSTITUTE From To		Total (in Year & Months)

15. LANGUAGES KNOWN*: (PLEASE TICK $\sqrt{}$)

SI. No.	LANGUAGES	WRITING	READING	SPEAKING
1	English			
2	Assamese			
3	Hindi			

16. NAME AND ADDRESS OF TWO PERSONS FROM WHOM WE MAY SEEK REFERENCE ABOUT YOU*:

(The two persons must not be relatives of yours and must have interacted with you in a Professional and / or Academic capacity for more than 2 years)

SI. No.	NAME OF THE REFERENCE (PERSON)	DESIGNATION & ORGANISATION	ADDRESS	MOBILE NUMBER	Email - ID
1					
2					

17. INFORMATION REGARDING COURT CASE (Write Yes/No):

a) Have you ever been involved in any criminal case?

b) Have you ever been arrested/ prosecuted?

c) Have you ever been convicted by any court?

d) Is any case pending against you in court? _____

e) Is any case pending against you in Police Station?

f) Have you ever been debarred from appearing any Examination by Govt. of India/State Govt.

18. Preferred place of Posting

(Please refer the instruction given in newspaper advertisement regarding place of posting. Candidate forwarding application to O/o City Mission Management Unit, Tinsukia must mention their preferred place of posting i.e. names of Urban Local Bodies or CMMU where applied i.e. CMMU Tinsukia and ULB Chapakhowa) **

a) Preference 1:

b) Preference 2:

19. Details of PAN Card and valid address proof (self attested copy).

20. This application form should be submitted along with self attested copies of:

a) proof of age, b) proof of educational qualifications (Mark sheets and Pass Certificates), c) work experience certificates, d) caste certificate (if any), and other relevant testimonials and documents (with self attestation)

DECLARATION

I, the undersigned, hereby certify that all the statements made by me in this application form are true and complete to the best of my knowledge and I belief that nothing has been concealed or suppressed. I also understand that in case, any of my statements are found untrue during any stage of recruitment, selection and thereafter, I shall be disqualified for the post applied for and I shall be liable for any penal action by ASULMS/Govt. of Assam.

Date:

Signature of the Candidate

Place:

For Official Records Only

1. Application accepted / rejected: _____

2. Reason for Rejection: _____

3. Index No.

4. Date of Test/ Interview: _____

Name, Signature and Seal of Screening Committee Members:

Date:

Signature & Seal of Chairperson, Selection Committee:

Date: