## APPLICATION FORM FOR PUBLIC PROSECUTOR / ADDITIONAL PUBLIC PROSECUTOR / ASSISTANT PUBLIC PROSECUTOR, ASSAM (Please tick any one)

| Affi | x a passport |
|------|--------------|
|      | photograph   |
|      |              |

|            |                            |  |  | size ph      |          |
|------------|----------------------------|--|--|--------------|----------|
|            |                            |  |  |              |          |
| 1.         | Name                       |  |  |              |          |
| 2.         |                            | of the Post applied for:   |  |              |          |
| 3.         |                            | e of Father/ Spouse:   |  |              |          |
| 4.         | Sex (                      |  |  |              |          |
| 5.         |                            |  |  |              |          |
| 6.         | Age a                      | s on 01/01/2024:   |  |              |          |
| 7.         |                            | nality:  |  |              |          |
| 8.         | Whet                       | her belonging to GEN/SC  | S/ST(P)/ST(H)/OBC/PH:  |              |          |
| 9.         |                            | her Ex-servicemen: Yes/N   | 10   |              |          |
| 10.        | Perma                      | anent Address:   |  |              |          |
|            |                            |  |  |              |          |
|            |                            |  |  |              |          |
|            |                            |  |  |              |          |
|            | ~                          |  |  |              |          |
| 11.        | Presei                     | nt Address for Communic  | eation:  |              |          |
| 11.        | Presei                     | nt Address for Communic  | eation:  |              |          |
| 11.        | Presei                     | nt Address for Communic  | ation:   |              |          |
| 11.        | Presei                     | nt Address for Communic  | ation:   |              |          |
|            |                            |  |  |              |          |
|            |                            | nunication Channels (man   |  |              |          |
|            |                            |  |  |              |          |
|            | Comn                       | nunication Channels (man   |  |              |          |
| 12.        | Comn<br>i.<br>ii.          | nunication Channels (man<br>Mobile Number:                                   | ndatory):  |              |          |
| 12.        | Comn<br>i.<br>ii.          | nunication Channels (man<br>Mobile Number:<br>e-Mail ID:                     | ndatory):<br>Name of Bank:   |              |          |
| 12.<br>13. | Comn<br>i.<br>ii.<br>Fee D | nunication Channels (man<br>Mobile Number:<br>e-Mail ID:                     | ndatory):  |              |          |
| 12.<br>13. | Comn<br>i.<br>ii.<br>Fee D | nunication Channels (man<br>Mobile Number:<br>e-Mail ID:<br>Details: Amount: | ndatory):<br>Name of Bank:   |              |          |
| 12.<br>13. | i. ii. Fee E               | nunication Channels (man<br>Mobile Number:<br>e-Mail ID:<br>Details: Amount: | Name of Bank:<br>DD No. & Date:                                    | Dur          | ation    |
| 12.<br>13. | Comn i. ii. Fee D          | nunication Channels (man<br>Mobile Number:<br>e-Mail ID:<br>Details: Amount: | ndatory):<br>Name of Bank:   | Dur          | ation    |
| 12.<br>13. | i. ii. Fee E               | nunication Channels (man<br>Mobile Number:<br>e-Mail ID:<br>Details: Amount: | Name of Bank: DD No. & Date:  Board/Council/University/Institution | Dur          | ation To |
| 12.<br>13. | i. ii. Fee E               | nunication Channels (man<br>Mobile Number:<br>e-Mail ID:<br>Details: Amount: | Name of Bank: DD No. & Date:  Board/Council/University/Institution | ************ |          |
| 12.<br>13. | i. ii. Fee E               | nunication Channels (man<br>Mobile Number:<br>e-Mail ID:<br>Details: Amount: | Name of Bank: DD No. & Date:  Board/Council/University/Institution | ************ |          |

| Sl.<br>No. | Organization | Duration |    | Brief Description of Duties |
|------------|--------------|----------|----|-----------------------------|
|            |              | From     | То |                             |
|            |              |          |    |                             |

- 16. Present assignment/ Job:
- 17. It is certified that the information furnished in the application form and enclosed documents is correct to the best of my knowledge and belief.

Place:

Date:

(Signature of the applicant)

N.B: All columns must be filled up.