Application form for the post of Chowkidar cum Mali of KGBV, Samagra Shiksha , Biswanath, PWD Campus, Biswanath Ghat Road, Biswanath Chariali-784176

PHOTO

1. Name of the post applied for_____

2. Education Qualification _____

3. Full Name of Candidate(In Block letters)-

4. Contact No- _____ Mobile No -_____Whats app no.-_____

5. Father's Name-_____

6. Mother's Name-_____

7. A) Date of birth- / / B)Age as on 01/01/2025- _____

(Proof of age should be enclosed)

8. Other information, if any, as per advertisement-_____

(Certificate should be enclosed wherever necessary)

9. Address for communication-_____
_____

10. Permanent Address--_____
_____

11. Information of Education Qualification (Mark Sheet and Certificate must be enclosed)

Total Marks	Marks Obtained	Percentage	Remarks

12. Experience against each completed year
(Certificate from competent authority should be enclosed)

Total Year	Name of institution	For office use

The above information is true to the best of my knowledge and belief.

Date _____

Signature of candidate

Place_____