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3.Name of the Applicant:

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Female

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District:

Pin Code

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State

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14. Education Qualification:

Examination Passed	Name of Board /University	Year of Passing	Percentage of Marks	Grade/ Division

15. Professional /any other Qualification:

Examination Passed	Name of Board /University	Year of Passing	Percentage of Marks	Grade/ Division

16. Work Experience:

Sl. No.	Name of the Organization	Form	To	No.of Years	Nature of Work
17.					

Whether Presently Serving in any Government / Undertaking

18.Enclosures: Self attested Photo Copy of Documents /Certificates related to Educational Qualification, Professional /Other Qualification, Age, Work Experience, Caste Certificate, Residential Certificate, Any Photo Identity Card (Aadhar,Driving License, PAN etc.)

Declaration

Certify that above mentioned information are true and if found to be false District Social Welfare, Lohardaga may cancel my candidature at any stage of selection process at its sole discretion.

Note : Candidature is provisional all candidates are directed to bring their original certificates for verification at the time when asked for by recruiting authority, failing which your candidature will not be considered

Date :

Place:

(Signature of the Candidate)