

**OFFICE OF THE MUNICIPAL COUNCILLORS.**  
**ENGLISH BAZAR MUNICIPALITY, MALDA**  
**RECRUITMENT EXAMINATION, 2014**  
**APPLICATION FORM**

[Employment Notice No. 03/EBM-CCBP/14-15 dt. DECEMBER, 2014]  
[Closing date for receipt of Application: the 30<sup>th</sup> December, 2014]

<b>ROLL NO.</b>	<b><u>CAUTION.</u></b>				Space for pasting recent passport size			
(Space for office use)	<p>(i)The candidate is advised to fill up all the items correctly in the Application Format and duly furnish all the required particulars/documents.</p> <p>(ii)If any item(s) of the application is considered inapplicable to the candidate, he/she should write NOT APPLICABLE or (NA) against the particular item(s) and in no case no item of the application should remain unfilled.</p> <p>(iii)Correction/overwriting, if any should be accompanied by signature of the candidate.</p> <p>(iv)In case the application is not filled in accordance with the above instructions or any of the required documents is not enclosed; it will be treated as incomplete/defective and summarily rejected.</p> <p><b>(v)Application Should be sent by Speed Post/ Registered Post Only</b></p>				<div style="border: 2px solid black; width: 150px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <b>PHOTOGRAPH</b> </div> <p>of the Candidate with his/her full signature thereon.</p>			
1	Name of the post applied for		<b>[In block Letters]</b>					
2	Name of the Candidate (In Block Letters)		First Name		Middle Name		Surname	
3			Father's / Husband's Name		First Name		Middle Name	
4	Date of birth				Day		Month	
4 (A)			Age as on 01.07.2014					
5	Address for communication  Detail is to be given in the appropriate box in Block Letters.		Permanent Address:					
			PIN					
			Address for communication:					
			PIN					
			State					
	Mobile No:-							
	e-mail address:-							
6	Tick against the category to which you belong		SC	ST	OBC-A	OBC-B	General	
7(a)	Name of the Sub-Caste [in block letters]		7(b) Religion					
8	Academic Qualifications [ Self Attested photocopies of certificates/Marks-sheet /age proof & other documents should be attached with the application]							

	Examinations passed	Year of passing	Board / Council/Institution/ University	Total marks obtained	% of marks obtained		
9	Are you employed? If yes, please give in details about your employment in the box (below):						
	Name of the employer	Date of joining	Name of post	Whether the job is temporary or permanent			
(i)							
(ii)	Full address of the employer						
10	<b>Working Experience (If any)</b> <i>(Mentioned the Post, Year of Experience, Date of Joining &amp; date of Leaving &amp; Others)</i>	(i)	(ii)	(iii)	(iv)		
11	List of documents should be enclosed (Put Tick mark in the Box)						
Sl. No.	Documents	Yes	No	Sl. No.	Documents	Yes	No.
(i)	Proof of age			(IV)	Copy of the Employment Exchange Card (if any)		
(ii)	Proof of academic Qualifications			(V)	Two copies of recent passport size photograph duly signed		
(iii)	Proof of Experience			(VI)	Two self addressed envelopes with postage stamp of Rs 40/ each.		
(VII)	Proof in support of category (if any)						

### DECLARATION

I solemnly declare that (a) all statement made in this application are true, complete and correct (b) original documents will be produced on demand (c) I agree to take the Examination on condition that the Chairman of the Selection Committee, constituted for Englishbazar Municipality may cancel my candidature at any time if I am found ineligible for admission to the Examination.

\*\*I have informed the head of my office or Department in writing that I am applying for this Examination. [Applicable to those who are already employed anywhere. Please strike out if not applicable]

**Place.**

**Date.**

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**Full signature of the Candidate**