APPLICATION FORM

To, The Chairman / Executive Officer, Bansberia Municipality.						
Application No. (for Office use only) :	<u> </u>					
*** Application to be filled in CAPITAL LETTER using Black Pen only						
1. Name : First Name :						
Middle Name :						
Surname:						
2. Father's/Husband's Name :						
3. Date of Birth (DD/MM/YYYY): / /						
4. Age as on 01.01.2024: Years Months						
5. Marital Status (Tick √ in appropriate box) : Married Divorcee Widow						
6. Nationality: INDIAN						
7. Caste: General SC ST O	BC-A OBC-B					
8. Permanent Residential Address :						
P.O.: Ward No.						
District : HOOGHLY PIN :						
9. Contact Number :						
10. Email ID (if any) :						
11. Academic Qualification (Madhyamik or equivalent and onwards):						
Sl. No. Name of Examination Board / Council Year of Pass						

12. A	Additional Qualification :					
13. I	Languages known : (Please Ti-	ck√) Reading	g V	Vriting	Speaking	
14. 0	Check list of Documents subm	uitted :				
Sl. No.	Documen	nts	Yes/No	No. of do	cuments enclosed	
1. 2. 3. 4.	Proof of Age					
2.	Caste Certificate					
3.		Proof of Academic Qualification				
4. =	Proof of Residence Others:					
<i>.</i>	i) Proof of Marriage - Rain - Land - Rai	tion Card, where mentioned ificate of Husband				
Declara	<u>ition :</u>					
HHW n The info furnish whenev I	hereby declare that, I have conentioned in the advertisement ormation stated by me in this all necessary documents in over required. If any information stated is forgainst me.	ent. These criteria are Application Form are original in support of	applicable to true to the b the informat	o me and I f sest of my kr ion stated a	ulfill these criteria. nowledge and shall t any point of time	
Date :				*		
Time :						
			Full 9	Signature of	the Candidate	