APPLICATION FOR THE POST OF DEPUTY TAHSILDAR (PERSONS WITH DISABILITY)

01.	Name of the candidate (in capital letters)		Affix Passport size photograph duly attested by a Gazetted Officer.
02.	Father's / Husband's Name		
03.	Nationality		
04.	Address for communication (in BLOCK letters with PIN Code)		
05.	Date of birth 5.1 Age as on (Completed years and months)		
06.	Sex	: Male / Female	
07.	Employment Exchange of U.T. of Puducherry		
	7.1 Registration Number	12 1s 2 274	
	7.2 Date of Registration If available.		
08.	Community (OBC / MBC / EBC /SC /BCM /BT (Self attested copy of certificate should be en		
09.	Whether native of U.T. of Puducherry (Self attested copy of certificate should be en	: closed)	
10.	Educational qualifications		
	(Self attested copy of certificate should be en		
11.	Nature of disability	 One Leg (OL) One Arm (OA) Partially Deaf (PD) 	
12.	Details of self attested copies of certificates		
	enclosed (please tick)	 1.Birth certificate 2. Educational Quality 3. Nativity certificate 4. Community certificate 5. Employment R 6. Disability certificate 	ate rtificate egistration Card.
13.	Any other information, if any.		
fou	I hereby declare that the information for erstand that my application is liable for rejection and to be false. I undertake to furnish the original when called. e:	n at any stage, if any inf	formation given is

Place:

SIGNATURE OF CANDIDATE