APPLICATION FOR THE POST OF PEON (ON DAILY WAGES)

(To be filled up/typewritten in capital letters only)

Post Applied for:						recent
Name:						passport size
Father's/Husband's Name:					photograph here	
Date of Birth:						
Academic Qualification:						
Detail o	f examin	ations passed	d (strike out w	hich is not ap	plicabl	e):
S. No.	Year	Examina	ation passed	% of marks		e of Board/ niversity
1	2		3	4		5
		Middle				
		Any other				
		espondence:				
Mobile Number:			(compulsory) E-mail:			
Demand Draft No			Amount _		dated	
Categor	y: (Gene	ral/SC/ST/OB	BC)			
(Atteste	ed copies	of certificat	es be enclose	d)		
				Signature	of the	Candidate
on:						
e. No pa						•
rified on	this the	(date)	Day	of (Month) _		2019.
				Signature o	f the Ca	ındidate
	Name: Father's Date of Academ Detail of S. No. 1 Perman (with Pi Address (with Pi Mobile Demand Categor (Atteste on: Veri ge. No pain.	Name: Father's/Husban Date of Birth: Academic Qualification Detail of examination S. Year No. 1 2 Permanent Addr (with Pin Code) Address for corre (with Pin Code) Mobile Number: Demand Draft No Category: (General (Attested copies) On: Verified that is no.	Name: Father's/Husband's Name: Date of Birth: Academic Qualification: Detail of examinations passed S. Year Examinations No. 1 2	Father's/Husband's Name: Date of Birth: Academic Qualification: Detail of examinations passed (strike out well) S. Year Examination passed No. 1 2 3 Middle Any other Permanent Address: (with Pin Code) Address for correspondence: (with Pin Code) Mobile Number: Demand Draft No. Category: (General/SC/ST/OBC) (Attested copies of certificates be enclosed) On: Verified that the above information is to ge. No part of it is false or incorrect and nother.	Father's/Husband's Name:	Name: Father's/Husband's Name: Date of Birth: Academic Qualification: Detail of examinations passed (strike out which is not applicable) S. Year Examination passed % of Name Marks Ur 1 2 3 4 Middle Any other Permanent Address: (with Pin Code) Address for correspondence: (with Pin Code) Mobile Number: Demand Draft No. Amount Category: (General/SC/ST/OBC) (Attested copies of certificates be enclosed) Signature of the Compusion of the Comp