APPLICATION FORM FOR THE ACCEPTANCE OF PATWARI CANDIDATES FOR COMBINED SCREENING TEST IN MOHAL AND SETTLEMENT DEPARTMENT

1. Name of the Distt. to which applied	
2. Preference of the candidate whether Mohal or Set	ttlement
(i) First Preference	
(11) Second Preference	
3. Name of the Candidate	Amx recent
(In Block letters)	passport size
4. Father's Name /Husband Name	photograph duly
5. Date of BirthAge (as on 1.1.2019)	attested by a
	Gazetted officer
6. Correspondence Address	
House No/Village	
Post Office/Tehsil/Sub-Tehsil/	
District	
State	
Pin Code	
Contact Number	
7. Permanent Address	
House No/Village	
Post Office/Tehsil/Sub-Tehsil	
Dietrict	
Ctata	
Pin Code	
8. Category to which belong	
EducationalQualification	(Attach attested copy of certification)
9. Any other qualification /experience	(Attach attested copy of certifica
10. Fee Rs Demand Draft No	Date
11. Whether registered in any employment exchange	Yes/ No
12. If Yes, Registration No. and name of the employr	ment exchange
13. I hereby declare:-	
(a) That I am not involved in any criminal case	e and no criminal proceedings are contempl
(b) That the above particulars mentioned in the	application are correct and true to the best of
` '	led by me are found false at any stage then I s
be liable to be disqualified/terminated without	
Note:- (a) Candidates should apply to conce	
i.e Mohal (Revenue) & Settlement D	
· · · · · · · · · · · · · · · · · · ·	ed for Settlement will be allocated to Kan
	ttlement Division based on their merit in
selection list.	ment birision bused on their ment in
SCIECTION 113th	
ed :- September, 2019.	(Signature of the applicant)