APPLICATION FORM FOR PUBLIC PROSECUTOR / ADDITIONAL PUBLIC PROSECUTOR / ASSISTANT PUBLIC PROSECUTOR, ASSAM (Please tick any one)

Affi	x a passport
size	photograph
	1 - 9 - P

1. Na	me of the applicant [IN BL	OCK LETTE	RSI.		<u></u>	
2. Na	me of the Post applied for:					
3. Na	me of Father/ Spouse:					
4. Sex	(Male/ Female/ Others):					
	te of Birth:					
	e as on 01/01/2024:					
	ionality:	C (C = (-)				
9. Wh	ether belonging to GEN/So ether Ex-servicemen: Yes/	C/ST(P)/ST(H)/OBC/PH:			
	manent Address:	INO				
20, 201	manent Madress.					
11 Pres	sent Address for Communi					
11. 1100	contradices for Communi	cation:				
12 Com						
12. Con	imunication Channels (mai	ndatory):				
12. Con	nmunication Channels (man	ndatory):				
i.	Mobile Number:	ndatory):				
i. ii.	Mobile Number: e-Mail ID:	ndatory):				
i. ii.	Mobile Number:	ndatory):	Name	of Bank:		
i. ii. 13. Fee	Mobile Number: e-Mail ID: Details: Amount:	ndatory):		of Bank: o. & Date :		
i. ii. 13. Fee	Mobile Number: e-Mail ID:	ndatory):				
i. ii. 13. Fee	Mobile Number: e-Mail ID: Details: Amount: cational Qualification(s):		DD No	o. & Date :		
i. ii. 13. Fee	Mobile Number: e-Mail ID: Details: Amount:		DD No	o. & Date :	Dura	ation
i. ii. 13. Fee 14. Educ	Mobile Number: e-Mail ID: Details: Amount: cational Qualification(s):		DD No	o. & Date :		
i. ii. 13. Fee 14. Educ	Mobile Number: e-Mail ID: Details: Amount: cational Qualification(s):		DD No	o. & Date :	Dura From	
i. ii. 13. Fee 14. Educ	Mobile Number: e-Mail ID: Details: Amount: cational Qualification(s):		DD No	o. & Date :		
i. ii. 13. Fee 14. Educ	Mobile Number: e-Mail ID: Details: Amount: cational Qualification(s):		DD No	o. & Date :		
i. ii. 13. Fee 14. Educ	Mobile Number: e-Mail ID: Details: Amount: cational Qualification(s):	Board/Coun	DD No	o. & Date :		
i. ii. 13. Fee 14. Educ	Mobile Number: e-Mail ID: Details: Amount: cational Qualification(s): Name of Examination Service particulars and ex	Board/Coun	DD No	7. & Date :	From	Γ
i. ii. 13. Fee 14. Educ SI. No. 15. Brief	Mobile Number: e-Mail ID: Details: Amount: cational Qualification(s): Name of Examination	Board/Coun	DD No	7. & Date :		Т

- 16. Present assignment/ Job:
- 17. It is certified that the information furnished in the application form and enclosed documents is correct to the best of my knowledge and belief.

Place:

Date:

(Signature of the applicant)

N.B: All columns must be filled up.