	ଅନ୍ନ୍ରା COUNCIL OF	ଅନ୍ଥ ଅନ୍ୟ ଅନ୍ମ ଅନ୍ମ ଅନ୍ମ ଅନ୍ମ ଅନ୍ମ ଅନ୍ମ ଅନ୍ମ ଅନ୍ମ	് യൗഷ്യംഗേയ്യ, നുവീത് A EDUCATION, MANIPUF
	POST APPLIED FOR:	APPLICATION	FORM
		APPOINTMEN ASSISTANT PROGRA L.D.A./ D.A./DRIVER	AMMER (I.T.)/
1.	Write within the boxes APPLICANT'S FULL NAME (in CAPIT	LS only) ROLL NO.	photograph
2.	FATHER'S NAME (in CAPITAL only)		
3.			
	ADDRRESS (in CAPITAL only)		
4.] PIN
5.		6. DATE O	
7.	SEX: Male	Female (Tick in the appropriate bo	
8. 9.	CATEGORY: GEN	ST SC	OBC (Tick in the appropriate box) PG (Tick in the appropriate box)
	لـــــا I do hereby declare that I have no c	jection to the cancellation of my candidature to	l the said examination, if any statement made herein or docu
Fo (7	Dised herewith are found false. I shall also or in service candidates:- The competent authority may send the f rwarded along with a covering letter to		s per rules and regulations.
Se	al & Signature of the competent Author	rity Dated:	Full signature of the candid (Not in block letters)
	Form No. ଅଅଁ ଲଙ୍ଟମୁ COUNCIL C	で して して して して して して して して して して	rf ഡൗജന്മൗനാല, നുരിന്നുമ EDUCATION, MANIPUR RD
	WRITTEN TEST EXAMINATIO		OGRAMMER (I.T.)/L.D.A./D.A./DRIVER/GRADE-IV
1	Name :		Paste self
	Roll No. :		attested recent