	RESE		RMAT OF APPL OF INDIA SERV		RD, MUME	BAI			
	APPLICAT	ION FOR TH	E POST OF LEG	SAL OFFIC	ER IN Gr.	'B' (DI	R)		
Advt. No. 3A/2008-0		RECEIPT NO.							
1. NAME IN FULL (IN EN	NGLISH WITH CAF	<b>)</b> :	FEE PA	AID					
2. CATECORY.							( For	Office use	only)
2. CATEGORY:									
	n the appropriate bo their category as [UR		UR OBC SC ST						
B. IF PERSONS WITH (Tick [OH] for Orthon VH for Visually Hand	RIATE BOX earing Impaired and		ОН	Н	I [	VH			
3. EX	AMINATION CENTE	RE	CODE					Lat Passpo	signed est ort size ograph
4. SEX: WRITE [M] FO	R MALE AND [F] F	OR FEMALE:			Date		Month		Year
6. AGE (AS ON 01-01-2	2009):					<b>.</b>		Mant	L =
7. A. ACADEMIC QUAL (Starting with minim	LIFICATIONS ( AS C		ost)		'	<b>r</b> ears		Mont	ns
Name of the Exam. (Please specify)	Main subjects	Date of Result	University/In	stitute	_	erall % o			Class / Division
Graduation									
Post Graduation									
B. HIGHER QUALIFICATIONS (AS ON 01/01/2009): (Write in the box whether PhD. in Law or related subjects) C. QUALIFICATION IN COMPUTER APPLICATIONS (Write Name of the course)  8. DO YOU FALL UNDER EX-SERVICEMAN/DOMICILED IN J. & K./RETRENCHED FROM GOVT. OFFICE/BANKING INSTITUTION? WRITE [Y] FOR YES [N] FOR NO									
9. EXPERIENCE WITH F		IF ADVERTISE!	MENT (AS ON 01/01	/2009)-					
Name and address of		Designation	Job profile		Por	riod		Du	ıration
Nume und dudiess of	and employer	Designation	oos prome						
					From	T	0	Yrs	Mths
10. PARTICULARS OF E	EXAMINATION FEE	<u>.</u>				1			•
Name of the Drawee B			No. and	date of D D/	Indian Posta	l Order/	s	Amount	Rs.
11. POSTAL ADDRESS IN CAPITAL LETTE									
I hereby declare that	STATE:		PIN:						
application are true, com knowledge and belief. I u found that any informa false/incorrect or that I do	inderstand that if at ition given in this	any stage, it is application is	email address if Telephone No (w	vith STD) if ar	-	nent is lia	ible to h	e cancelle	d/terminateo
have read and understoo					abide by then	n.			
PLACE:			Nam	· ne :	(Signatu	re of the	Applica	nt)	
DATE :	nts to be neted	ov the condide			mploto the	applies	tion in	all_reese	octo includ
Very important poi Pasting of photogra	iph. (ii) Incomplet	e applications	in any respect wil	l be rejected	d and no co	applica	ndence	will be e	ntertained

the Board in this matter.

				A SERVICES E STT. MANAGER (						
APPLICATION FOR THE POST OF ASSTT. MANAGER (RAAAdvt. No. 3A /2008-09						RECEIPT NO.				
Post applied for						FEE PA	VD			
1. NAME IN FULL (IN ENGLISH WITH CAPITAL LETTERS) :								e use only	)	
2. CATEGORY:				_		IID				
A. Indicate category to v	which vou belong by	marking [√] in	the appro	priate box		UR	OBC	SC	ST	
(OBC candidates coming B. If physically / Visually Ha	under 'Creamy Layer' s	hould indicate the	ir category	as [UR] )				VH	]	
						OH	HI	VII		
3.										
EXA	AMINATION CENTE	<u>KE</u>		ODE					signed	
								Passpo	test ort size	
4. SEX: WRITE [M] FOI	R MALE AND [F] FO	OR FEMALE:						Photo	graph	
						∟ Date	 Month		Year	
5. DATE OF BIRTH:										
6. AGE (AS ON 01-01-2						Years Months				
7. A. ACADEMIC QUAL (Starting with minim	IFICATIONS (AS Communication of the communication o									
Name of the Exam.	Main subjects	Date of	,	University/Institute		Ov	erall % of marks	s	Class /	
(Please specify)	,	Result				(up to	two dec. points	s)	Division	
Graduation										
Post Graduation										
1 oot Gradation										
B. HIGHER QUALIFICA (Write in the box whe										
8. DO YOU HAVE THE		,	OE 3 VE	ADS AS MENTION	NED					
IN THE ADVERTISE				AND AD MENTION						
9. DO YOU FALL UNDI FROM GOVT. OFFIC WRITE [Y] FOR YES	E/BANKING INSTI		IN J. & K	/RETRENCHED						
10. EXPERIENCE WITH	REFERENCE TO T	HE ADVERTISE	EMENT (A	AS ON 01/01/2009)	)):					
Name and address of	the employer	Designation	J	ob profile		Pei	riod	Du	ıration	
						From	То	Yrs	Mths	
11. PARTICULARS OF E		:		T	<u> </u>			T .		
Name of the Drawee B	Sank/Post Office			No. and date of	t D D/ In	dian Posta	II Order/s	Amount	Ks.	
12. POSTAL ADDRESS	(IN ENGLISH AND	)								
IN CAPITAL LETTERS - DO NOT WRITE NAME) STATE:						PIN:				
				address if any one No (with STD	D) if any					
I hereby declare that all that if at any stage, it is f the Board, my candidatur	ound that any inforn	nation given in t	tion are tr	rue, complete and o	correct t	o the best	satisfy the eligi	ibility criter	ia accordin	
and hereby undertake to							. •			
PLACE:						(Signatu	re of the Applica	ant)		
DATE: Very important points	to he noted by th	e candidatee :	(i) Cand	Name :	nlete th	, •		,	dina	
Pasting of photograp Board in this matter.										