

APPLICATION FORM FOR THE POSITION OF _____

In the State Mission Directorate of Rashtriya Uchcharat Shiksha Abhiyan, Assam

1. Applicants Name: _____

2. Guardian's Name: _____

3. Mother's Name: _____

4. Father's Name: _____

5. Permanent Address: _____

Recent self
attested
photograph
of applicant

6. Address for Communication: _____

7. Contact No.: _____

8. Email id: _____

9. Alternate Email id: _____

10. Date of Birth: _____

11. Age on 01-01-2020: _____ Years _____ Months _____ Days _____

12. Education Qualification: _____

Exam Passed	Board/ University	Stream	Major Subject Taken	Year of Passing	Division / Grade	Marks Obtained	Percentage
HSLC							
HSSLC							
Graduation							
Post Graduation							

13. Other Qualifications, if any _____

14. Knowledge of Tally/Accounting (Diploma/Certificate) _____

15. Nationality _____

16. Language known _____

17. Computer Knowledge _____

18. Working Experience _____

Applicant's Signature

Note:

- Original documents shall be produced during the time of registration/ Interview.