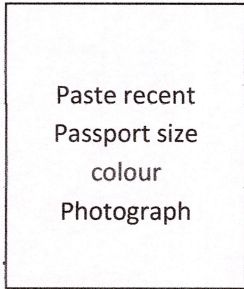


**APPLICATION FOR THE POST OF DATA ENTRY OPERATOR AT SBM (G) CELL,**  
**ALIPURDUAR ZILLA PARISHAD**



1. NAME OF THE APPLICANT : .....

2. APPLICATION FOR THE POST OF : .....

3. DATE OF BIRTH OF THE APPLICANT : .....

(Proof of Age i.e., Birth Certificate/ Madhyamik Admit Card or Equivalent Certificate to be attached)

4. PRESENT ADDRESS : .....

.....

5. PERMANENT ADDRESS : .....

(Proof of Address to be attached) .....

6. EDUCATIONAL QUALIFICATION : .....

(Photo copies to be attached) .....

.....

7. CERTIFICATE IN COMPUTER KNOWLDGE (If any) : .....

(Photo copies to be attached) .....

8. JOB/WORKING EXPERIENCE (If any)/ LAST POST HELD:.....

(Photo copies to be attached) .....

.....

.....

Date :

.....  
Signature of the Applicant

Place :