

Annexure – I**Self-declaration for Authentication of Certificate**

I, _____, son/ daughter
of _____, age _____ years, resident
of _____

District-_____, Odisha, hereby declare that the information given above and the documents enclosed herewith containing self-certification is/are genuine and authentic. If any information/document is found false / forged / tempered, I shall personally remain responsible for any criminal action U/s.406/419/420/466/468/471 IPC or any other penal provisions of law and the authentication of the certificate will be treated as cancelled and intimated to all concerned. Also all the benefits availed by me shall be summarily withdrawn.

Permanent Address: -

Signature of the applicant

Date: -

Place: -

Mobile No.-

E-mail ID.-

Present Address: -

Application for the post of:- Jr. Clerk-Copyist/ Jr. Stenographer/Jr. Gr. Typist.**FORM-A****FORMAT OF APPLICATION**

[See Para-2A of Appendix-A]

1. Name of the Candidate:
2. Father's/ Husband's Name:
3. Sex (Male/ Female):
4. Marital Status (Married/ Unmarried):
5. Permanent Address:
6. Present Address:
7. Date of Birth:
8. Age as on **18.10.2019** :
9. Educational Qualification (Attach attested copies of)

Affix self signed
recent colour
passport size
photograph.

Name of the Examination passed	Name of the Board/ University	Year of passing	Total Marks	Aggregate of marks secured	Grade/ Division	% of Marks secured
01	02	03		04	05	06
H.S.C.						
+2 Arts/Commerce/ Science						
Diploma in Computer Science						

10. Category: (S.C./ S.T./ S.E.B.C./U.R./ Sports Person/ Ex- Serviceman):-
(Strike out which is not applicable and attach the supporting documents issued by the competent authority)
11. Whether physically/ orthopedically handicapped:
(If yes attach supporting medical certificates issued by the competent Medical Authority/Board)
12. Religion:
13. Nationality:
14. Employment Exchange Registration No.:
15. Attach two Character Certificates issued by two Gazetted Officer/ Medical Practitioner/ Sarpanch etc. (mention name, designation of the officers):
16. Details of Treasury Chalan with No. & Date:

DECLARATION

I do hereby solemnly affirm and state that I am aware about the provisions of Odisha District & Sub-Ordinate Courts Non-Judicial Staff Services (Method of Recruitment and Conditions of Service) Rules, 2008, and the statements made above are true and correct to the best of my knowledge and belief and based on record.

Signature of the candidate

Application for the post of:- Salaried Amin.**FORM-A****FORMAT OF APPLICATION**

[See Para-2A of Appendix-A]

1. Name of the Candidate:
2. Father's/ Husband's Name:
3. Sex (Male/ Female):
4. Marital Status (Married/ Unmarried):
5. Permanent Address:
6. Present Address:
7. Date of Birth:
8. Age as on **18.10.2019** :
9. Educational Qualification (Attach attested copies of)

Affix self signed recent colour passport size photograph.
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Name of the Examination passed	Name of the Board/ University	Year of passing	Total Marks	Aggregate of marks secured	Grade/ Division	% of Marks secured
01	02	03		04	05	06
H.S.C.						
R.I. Training Certificate						

10. Category: (S.C./ S.T./ S.E.B.C./U.R./ Sports Person/ Ex- Serviceman):-
(Strike out which is not applicable and attach the supporting documents issued by the competent authority)
11. Whether physically/ orthopedically handicapped:
(If yes attach supporting medical certificates issued by the competent Medical Authority/Board)
12. Religion:
13. Nationality:
14. Employment Exchange Registration No.:
15. Attach two Character Certificates issued by two Gazetted Officer/ Medical Practitioner/ Sarpanch etc. (mention name, designation of the officers):
16. Details of Treasury Chalan with No. & Date:

DECLARATION

I do hereby solemnly affirm and state that I am aware about the provisions of Odisha District & Sub-Ordinate Courts Non-Judicial Staff Services (Method of Recruitment and Conditions of Service) Rules, 2008, and the statements made above are true and correct to the best of my knowledge and belief and based on record.

Signature of the candidate