

**“FORM-A”**  
**FORMAT OF APPLICATION**  
[See Para 2A of Appendix A]

APPLICATION FOR THE POST \_\_\_\_\_

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 :  
(Mobile No. & Email address, if any)
7. a. Date of Birth :  
b. Age as on **19.05.2025** :
8. Educational qualification (Attach attested copies of-

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Name of the examination passed	Name of the Board/University	Year of Passing	Aggregate of marks secured	Grade/Division	% of marks secured
H.S.C.					
+2 Arts/ Commerce/ Science					
+3 Arts/ Commerce/ Science or equivalent					
Diploma in Computer Science					

9. Category: (SC/ST/SEBC/GEN/Sports person/Ex-Serviceman):  
(Strike out which is not applicable and attach the supporting documents issued by the Competent Authority).
10. Whether physically/ orthopedically handicapped:  
(If yes, attach supporting medical certificates issued by the Competent Medical Authority/Board).
11. Religion:
12. Nationality:
13. Employment Exchange Registration No.
14. Attach two Character Certificates issued by two gazetted officer/medical practitioner/Sarpanch etc. (mention name, designation of the officers).

**DECLARATION**

I do hereby solemnly affirm and state that I am aware about the provisions of Orissa District and Civil Courts' 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.

Place:

Date:

(Signature of the candidate)

## **FORMAT OF THE APPLICATION**

### APPLICATION FOR THE POST OF SALARIED AMIN.

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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 :-  
(Mobile No. & Email address, if any)
7. (a) Date of birth :-  
(b) Age as on **19.05.2025** :-

8. Educational Qualification (attach attested copies of Certificates):-

Name of the Examination passed	Name of the Board/University	Year of passing	Aggregate Marks secured	Grade/ Division	% of marks secured
H.S.C.					
Revenue Inspector Training					

9. Category: SC/ ST/ SEBC/ GEN/ Sports person / Ex-Serviceman: -

(Strike out which is not applicable and attach the supporting documents issued by the competent authority)

10. Whether physically / orthopedically handicapped. (If yes, attached supporting medical certificates issued by the Competent Medical Authority/Board):-

11. Religion :-

12. Nationality :-

13. Employment Exchange Registration No. :-

14 .Attach two-character certificates issued by Gazetted Officer /Medical Practitioner/ Sarpanch etc.: -Mention name, designation of the officers)

### **DECLARATION**

I do hereby solemnly affirm and state that I am aware about the provisions of Orissa District and Civil Courts' 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.

Place:

Date:

(Signature of the candidate)