

Application Form

Photograph

*Position Applied for:

PERSONAL INFORMATION

*1. Name in full: MR. /MS. _____
(SURNAME) (FIRST NAME) (MIDDLE NAME)

*2. Present address: _____

Tel No: _____ Pin _____

3. Permanent address: _____

Tel No: _____ Pin _____

4. *Email address:

5. *Mobile No.:

(Those who have no mobile numbers/email please mention not available)

6. *Date of birth (Attach proof):

7. Marital status: single married widowed

8. *Father's Name:

9. Mother's Name:

**Indicates those points are mandatory for applicants to be filled in.*

10. Health:

(A) Details of any major illness/s since birth

(B) Any major illness in the past two years

(C) Do you have any physical disability?

11. Have you been interviewed by us in the past? If yes, give details.

12. *Languages known:

SR.NO.	LANGUAGE	SPEAK	READ	WRITE
1.				
2.				
3.				
4.				
5.				

13. *How soon can you join us?

14. Do you have any location preference? Please mention in detail. (Please note that OCTMP will have the discretion to allocate you to any district as it deems fit).

15. Are you willing to serve and travel across Orissa?

Yes/ No

**Indicates those points are mandatory for applicants to be filled in.*

16.*

EDUCATION/ TRAINING

Education (Beginning with recent qualification)

DEGREE/ DIPLOMA	MONTH & YEAR OF PASSING	SCHOOL/ COLLEGE/ UNIVERSITY	% OF MARKS	DIV./ CLASS/ GRADE	MAIN SUBJECTS

17.*

EMPLOYMENT DETAILS

Give details in chronological order (beginning with the last job) accounting for all times, including periods of unemployment, if any.

DATES		NAME & ADDRESS OF EMPLOYER	KIND OF BUSINESSS	POSITION	SALARY PER ANNUM	NATURE OF WORK
FROM	TO					

18. Training/ Practical Experience (Other than regular employment)

**Indicates those points are mandatory for applicants to be filled in.*

19. Additional information, if any.

20. Why do you think you are suitable for this position? (Write within 500 words)

21. *References: Give details of the reference letter you will be submitting to us.

References should be of persons other than relatives and with whom you have worked in the recent past.

SR.NO.	NAME	OCCUPATION	ADDRESS	TEL.
1.				
2.				
3.				

22.*

SUPPORTING DOCUMENTS

Sr. No.	Description of Document

**Indicates those points are mandatory for applicants to be filled in.*

DECLARATION

I hereby declare that all information contained in this form is true to the best of my knowledge. I understand that, if any of the content / information furnished herein is found to be false, I shall be liable to be terminated from the services of the organization without notice or compensation.

Place:

Date:

(Signature of the Applicant)