

# BIHAR RURAL LIVELIHOODS PROMOTION SOCIETY (Jeevika)

## Application Form

(To be filled by the Officer, BRLPS)

Registration No

(To be filled by the candidate in CAPITAL LETTERS)

1. Post Applying For*		(i) <u>Please paste one passport-size photo 3x4" and</u>  (ii) <u>Attach one color photo with the application form)</u>
1. (a) Advertisement No.		
2. Date of Walk-in-Interview		
3. Name of the Candidate (As in 10 <sup>th</sup> Certificate) *		

### Personal Details

4. Category (UR/EWS/BC/EBC/SC/ST)					
4a. Do you claim for reservation (Yes/No)		4b. If Yes, in case of BC/EBC Submission of Non-Creamy Layer Certificate (Yes/No)		4c. Xerox Copy submitted (Yes/No)	
5. Do you claim for reservation against persons with disability(PWD) (Yes/No)		5a. If Yes, Percentage of disability		5b. Xerox Copy submitted (Yes/No)	
6. Sex (Male/Female)					
7. Name of Father (As in 10 <sup>th</sup> Certificate)/Husband					
8. Name of Mother					
9. Date of Birth (DD/MM/YYYY)					
9a. Age (As on 01.08.2024)	Years		Months		Day
10. Resident of Bihar (Yes/No)					Xerox copy attached (Yes/No)



### 18. Details of work Experience (If any)

S.N.	Name of Employer	Designation	From	To	Total experience in month	Xerox Copy Submitted (Yes/No)

### 19. For Reference Check (Please provide the following details)

1) Name & Designation :		2) Name & Designation :	
Mobile No.:		Mobile No.:	
Email ID:		Email ID:	

### 20. Declaration by the candidate

*I hereby declare that all the above information and documents submitted are correct. I understand that in the event of any information being found suppressed/false or incorrect or any ineligibility being detected before or after joining, my Candidature/ appointment is liable to be cancelled and legal action may be taken against me and amount paid towards salary can be recovered by the BRLPS.*

*Name & Signature of the candidate*

Date:

**21. ( To be filled by Document Verification Team, BRLPS)**

**19.a Remarks on Academic & Professional Qualification (if any)**

**19.b. Remarks on Working Experience (if any)**

**22. Status of Document Verification  
(To be filled by Document Verification Team)**

*Qualified/Conditionally Cleared/Disqualified:*

*Any other remarks:*

*Name & Signature of Document Verification Team*

*Date*