BIHAR RURAL LIVELIHOODS PROMOTION SOCIETY (Jeevika)

Application Form

(To be filled by the Officer, BRLPS)				
Registration No				

(To be	e filled l	by the candi	date in CAP	TAL LETTER	RS)			
1. Post Applying For*					(i)	Please passport-	paste size	one photo
1. (a) Advertisement No.						3x4" and		
2. Date of Walk-in-Interview					(ii)	Attach one color photwith the application form)		
3. Name of the Candidate (As in 10 th Certificate) *						<u>iorm)</u>		
		Persona	al Details					
4. Category (UR/EWS/BC/EBC/SC/ST)								
4a. Do you claim for reservation (Yes/No)		Submission of	Yes, in case of BC/EBC ission of Non-Creamy r 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 th 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 attac (Yes/	hed

10.a. If Yes (Please mention Domicile Certificate No. & Date issued by CO/SDO/DM)	
10.b. If Yes (Caste Certificate issued by SDO/DM)	
11. Proof of Identification (Voter ID/ Aadhar Card/ DL /PAN/Passport or any other proof issued by Govt.)	
12. PAN No (If available)	
13. Email Id	
14. Mobile No	
15. Permanent Address:-	
16. Correspondence Address: -	

17. Details of Academic & Professional Qualification							
				Marks			
Qualification	Name of Board/ University/Institution	Specialization (If Any)	Passing Date (DD-MM-YY)	Full Marks	Marks Secured	%	Xerox Copy Submitted (Yes/No)
		(

	18. Details of work Experience (If any)						
S.N.	Name of Employer		Designation	From	То	Total experience in month	Xerox Copy Submitted (Yes/No)
		19. For Referer	nce Check (Pl	ease pro	vide the fo	ollowing detail	ls)
-	1) Name & Designation :			2) Name & Designation :			
Mob	lobile No.:		Mobile No.:				
Em	nail ID:			Ema	ail 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							

21. (To be filled by Docume	nt Verification Team, BRLPS)
19.a Remarks on Academic & Professional Qualification (if any)	19.b. Remarks on Working Experience (if any)
22. Status of Docu (To be filled by Docume	ment Verification ent Verification Team)
Qualified/Conditionally Cleared/Disqualified:	
Any other remarks:	
	Nama & Signature of Document Varification Togm
	Name & Signature of Document Verification Team Date