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) Please paste one passport-size photo 3x4" and 2. Date of Walk-in-Interview (ii) Attach one color photo application with the form) 3. Name of the Candidate (As in 10th Certificate) * **Personal Details** 4. Category (UR/EWS/MBC/BC/EBC/SC/ST/BC (F)) 4b. If Yes, 4a. Do you claim for reservation 4c.Xerox Copy submitted Submission of Non-Creamy (Yes/No) (Yes/No) Layer Certificate (Yes/No) 5. Do you claim for reservation 5a. If Yes, 5b.Xerox Copy against persons with disability(PWD) submitted (Yes/No) Percentage of disability (Yes/No) 6. Sex (Male/Female) 7. Name of Father (As in 10th Certificate) /Husband 8. Name of Mother 9. Date of Birth (DD/MM/YYYY) 9a. Age (As on 01.04.2024) Years Months Day Xerox copy 10. Resident of Bihar (Yes/No) attached (Yes/No)

10.a. If Yes (Please mention							
	Domicile Certificate ed by CO/SDO/DM)						
10.b. If Yes							
(Caste Certificate SDO/DM)	e issued by						
11. Proof of Iden							
(Voter ID/ Aadhar Card/ DL /PAN/Passport or any							
other proof issue	ed by						
Govt.) 12. PAN No (If available)							
13. Email Id							
14. Mobile No							
15. Permanent A	Address:-						
16. Corresponde	ence Address: -						
	17. Detail	's of Academi	ic & Professi	onal Qua	lification		
				onal Qua		Marks	
Qualification	17. Detail Name of Board/ University/Institution	s of Academi Specialization (If Any)	i c & Professi Passing Date (DD-MM-YY)	onal Qua Full Marks		Marks	Xerox Copy Submitted (Yes/No)
Qualification	Name of Board/	Specialization	Passing Date	Full	Marks		Submitted
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Qualification	Name of Board/	Specialization	Passing Date	Full	Marks		Submitted

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S.N.	Nar	ne of Employer	Designation	From	То	experience in month	Submitted (Yes/No)
		19. For Refere	ence Check (Pl	ease pro	vide the f	following detail	s)
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Mob	ile No.:			Mobi	le No.:		
Em	ail ID:			Ema	ail ID:		
			20. Declaration	by the a	andidate	2	
nforma	ation being	hat all the above inforr found suppressed/false le to be cancelled and leg	or incorrect or any i	neligibility b	eing detecte		
					Name &	& Signature of the canc	lidate
ate:							

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