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| C:\Users\user\AppData\Local\Temp\ksohtml604\wps1.jpg | **AMBEDKAR COLLEGE OF ARTS & SCIENCE, WANDOOR**  *(Aided by Govt. of Kerala & Affiliated to University of Calicut)*  *Run By Indiraji Memorial Society*  Ambalapadi, Wandoor, Pin 679328  Phone: 04931-249666 (Office)  Email: [acaswandoor@gmail.com](mailto:acaswandoor@gmail.com), Website: [www.ambedkarcollege.info](http://www.ambedkarcollege.info) |

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Receipt No. of Application Fee paid……………………………………………   
   
**APPLICATION FOR THE POST OF Office Attendant (Reserved for SC Community)**

As per the Notification in ………………………………….Daily, Dated…………………..  
  
(To be filled in completely in the applicant’s handwriting, Enclose self attested copies of certificates)

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| 1. | Name ( BLOCK letters) as in SSLC Book |  | | | |
| 2 | Permanent Address      Pin Code  Tel No  Mob. No.  Mail id | Communication Address      Pin Code  Tel No  Mob. No. | | | |
| 3 | Sex | Nationality | | | |
| 4 | Age (Completed years as on (01.01.2023) |  | | | |
| 5 | Date of Birth (Enclose proof) |  | | | |
| 6 | Place of Birth (Village, Taluk, District & State) |  | | | |
| 7 | Religion & Caste |  | | | |
| 8 | Name of Father & Occupation |  | | | |
| 9. Educational Qualification | | | | | |
| Sl. No | Name of Exam Passed | % of Marks | Class | Year of Passing | Board / University |
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| 10 | Additional Qualification if any |  | | | |
| 11 | Experience |  | | | |
| 12 | Physical Impairment and Percentage (Support Dr's Certificate) |  | | | |
| 13 | Language you can read, write, speak |  | | | |
| 14 | Are you employed/If yes, give details and route the application through the employer |  | | | |
| 15 | Name and address of 2 persons who are not related and who know you for reference |  | | | |
| 16 | Do you possess any extra curricular record ? Give Details |  | | | |
| 17 | List of Enclosures |  | | | |
| I declare that the information given above is correct to the best of my knowledge and belief.  I agree to bind myself to the Service regulations of Ambedkar College of Arts & Science, Wandoor that may be drawn up from time to time.  Date: Signature:    Name : | | | | | |
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