Application Form

DISTRICT DISASTER MANAGEMENT AUTHORITY
OFFICE OF THE DISTRICT COMMISSIONER: LAKHIMPUR: NORTH LAKHIMPUR

Post applied for: Field Officer (Disaster Management) for Revenue Circle

Recent Passport Size Photograph

Please read the instructions given below carefully.
Instructions: While filling up the Application Form, an applicant is requested to note the following:-

• This application is a key part of the selection process. Fill each and every part of the Form carefully and completely. In case, any clause in the form is not applicable in your case, please write "Not Applicable" (NA) in the space provided.
• Incomplete applications will be rejected.
• Please enclose self-attested copies of mark-sheets of all Board/ University Examinations.
• Please enclose self-attested copies of experience certificates, if any.
• Please enclose self-attested copies of relevant certificate relating to proficiency in Computer Application.
• Employment Exchange Registration Card, if any.
• Candidates are liable to be disqualified for furnishing false or wrong information.

FILL IN THE FOLLOWING IN CAPITAL LETTERS ONLY:-

1. Name of the applicant as recorded in HSLC or Equivalent Certificate:

2. Sex: Male ☐ Female ☐

3. Date of Birth (as recorded in HSLC or equivalent certificate)

D	D	M	M	Y	Y	Y	Y

4. Complete Age as on (01-01-2025) ☐ Years.

5. Caste: Please specify _____ [SC / ST / OBC / Gen.] (In case of SC/ST/OBC candidates, proper caste certificate from the Competent Authority must be furnished.)

6. Name of Father: ☐

7. Name of Mother: ☐

8. Name of Spouse (if applicable): ☐

9. Present Occupation, if any: ☐

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10. Educational Qualifications (HSLC/ HS onwards):

Name of Examination	Name of School/ College with full Address	Board/ Council/ University	Year of Passing	Class/ Div./ Grade	% of Marks obtained
(HSLC or Equivalent)					
(Higher Secondary)					
(Degree)					

11. Other Qualifications, If any:

12. Computer Proficiency (Minimum 6 Months course/Certificate attached) (Yes/No):

13. Work Experience (Please give details thereof):

Name of Office/ Organization	Designation	Period of service rendered			Pay drawn per month
		From	To	Total period (YY-MM-DD)	

14. Language(s) Known:

15. Employment Exchange Registration No. (Provide Photocopy of Registration Card, if any):

16. Address for Correspondence:

P I N

17. Permanent Address of the Applicant:

P I N

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18. Email ID, if any:

19. Telephone/ Mobile No.(s), if any:

20. Distinction/ Award/ Special Achievements/ Extra Curricular Activities (attach a separate sheet if required):

DECLARATION

1. I hereby declare that I fulfill all the conditions of eligibility regarding age limits, educational qualifications, computer proficiency etc. prescribed for admission to the recruitment.
2. I have enclosed attested photocopies of certificates in support of my claim for Educational Qualification/ Computer Proficiency and Age.
3. I hereby further declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief.
4. I understand that in the event of any information being found suppressed/ false or incorrect or ineligibility being detected before or after the recruitment, my candidature/ appointment is liable to be cancelled forthwith.

Place:

Date:

Signature of the Applicant

• APPLICATION NOT SIGNED BY THE CANDIDATE WILL BE REJECTED.
• PHOTOCOPY AND SCANNED SIGNATURE WILL NOT BE ACCEPTED.