

APPLICATION FORM FOR CONTRACT ENGAGEMENT UNDER
DEPARTMENT OF SOCIAL WELFARE

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be attached

1. Name of Scheme:
2. Post applied for:
3. Full Name of Candidate (in block):
4. Name of Father/Husband/Guardian:
5. Whether appeared in the DPC/Special DPC held pursuant to Notification No. 1/1/2017-ICDS/PMMVY dated 11/01/2019 and the Special DPC held pursuant to Notification No. 1/1/2017-ICDS/PMMVY dated 31/01/2020 **OR** No. 8/30/2017-18(SNP)SW dated 11/01/2019 and No. 8/30/2017-18(SNP)SW dated 30/01/2020 **OR** No. 7/90/2018-SW(MSK) dated 11/01/2019 and 7/90/2018-SW(MSK) dated 03/03/2020 [Yes/No].

If 'Yes', please enclose copy of Admit Card or fee receipt and provide:

Name of Post applied	Roll No.

6. Date of Birth (as per Matric) (dd/mm/yyyy):
7. Age as on 01/11/2021:
8. Gender (M/F):
9. Category [UR/SC/ST/OBC/PWD (category)]:
10. Email ID:
11. Mobile Number:
12. Complete Postal Address for correspondence:

Village/Locality :

District :

PO & PS with Pin :

13. Complete Permanent Address (if different from above):

Village/Locality :

District :

PO & PS with Pin :

14. Educational Qualification Details:

Name of Examination Passed	Subject/Course	Board/University	Regular/Distant Learning	Passing Year	% of Marks/GPA
Matriculate					
Intermediate/10+2					
Graduation					
Post Graduation					
Any Other					

15. Work-experience Details: *Start from most recent experience. Internship/Volunteer/Field Works which are part of the course are not to be considered as work experience. (Add extra sheet if required)*

Name of Organization	Designation & Place of Posting	Key Job Descriptions	Achievements/ Outputs	Experience From – To DD/MM/YY	Total Experience (in months)

Certification (Candidature of candidates not certifying the following statements will be summarily rejected):

I certify that the above mentioned details correctly describe my qualifications, experiences and my personal details to the best of my knowledge & belief. I accept that any misrepresentation, incorrect information, suppressed information with respect to any of the information submitted herewith being found out at any stage during/after the recruitment will render my candidature/appointment liable for disqualification/terminated without further communication.

Date:

Place:

Signature of Candidate

NOTE: *This format is to be strictly adhered to. No other format will be accepted.*

GOVERNMENT OF MANIPUR
DEPARTMENT OF SOCIAL WELFARE

ADMIT CARD

FOR THE RECRUITMENT OF CONTRACTUAL STAFF UNDER

.....

Roll No.
(to be filled by the office)

Particulars of the Post:

Name of the Candidate (in full):

Category(UR/ST/SC/OBC/PWD):

Address with District:

Director (Social Welfare)
Manipur

Paste
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DEPARTMENT OF SOCIAL WELFARE

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