

**APPLICATION FORM FOR CONTRACT ENGAGEMENT UNDER
DEPARTMENT OF SOCIAL WELFARE**

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be attached

1. Name of Scheme:
2. Post(s) applied for in order of preference:

Sl. No.	Preference of Post	Name of Post/Position
1.	First	
2.	Second	
3.	Third	

** One candidate can apply upto a maximum of 3 posts under one particular scheme only, but he/she is not allowed to apply in two or more different schemes.*

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
Passport
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DEPARTMENT OF SOCIAL WELFARE

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