

ANNEXURE-II APPLICATION FORM FOR COMMUNITY SUPPORT STAFF

Position applied for –

Name of the CLF: _____ **Name of the GPLF:** _____

Name of the Bank Branch (Bank Mitra): _____ **Name of the Block:** _____

A	Personal Information		
1	Full Name of the Applicant		<i>Paste recent passport size colour photograph</i>
2	Sex		
3	Full Name of Father/ Husband		
4	Full Name of Mother		
5	Date of Birth (DD/MM/YYYY)		
6	Age as on date of issue of notice (in Completed Years)		
7	Social Category (Please tick valid option)	Gen () / SEBC () / SC () / ST () / Minority ()	
8	Economic Category (Please tick valid option)	Poor () / EPVG () / Ration Card holder () / BPL () / Annual Income less than Rs.60,000/- ()	
9	Special Category (Please tick valid option)	PwD () / Orphan () / PVTG ()	
10	Current Address with name of Village, GP, Post Office, Police Station, Block, District, State, Pin		
11	Permanent Address with name of Village, GP, Post Office, Police Station, Block, District, State, Pin		
12	Telephone/mobile Number (Mandatory)		
13	Alternate telephone/mobile Number (Optional)		
14	Email ID (optional)		

B.	Educational Qualification (Self attested photocopy of Certificates & Mark sheets to be attached)						
Sl. No.	Degree/Diploma/ Certificate Course/ Any other	Total Marks	Total Marks secured	% of marks secured	Institution/ College/ School	University / Board	Year of Passing
1	10 th Class						
2	12 th /Intermediate/ +2						
3	Graduation(Specify) /+3						
4	Post Graduate (Specify)						

	Any other qualification, ITI/additional degree, diploma/ degree/ certificate course. If Yes, mention below						
5							
6							
7							
8							

C. Experience (Self attested photocopy of experience certificates and relevant documents to be attached)					
Sl. No.	Area of Experience	Name and address of SHG/ CLF/ GPLF/Department/ Organization/ govt. recognized Institution associated with	PERIOD		Total Period (In Years/ Months)
			From (MM/YYYY)	To (MM/YYYY)	
1					
2					
3					
4					

D. Language Proficiency (Put Tick Mark \sqrt in appropriate column)				
Sl. No.	Language	Read	Write	Speak
1	Odia			
2	Hindi			
3	English			
4	Any Other (Specify)			

Documents attached (refer to *Annexure-III* to know type of documents to be attached)

SI No.	Name of Document attached	SI No.	Name of Document attached
1		7	
2		8	
3		9	
4		10	
5		11	
6		12	

Declaration

I do hereby, declare that information submitted by me is true to the best of my knowledge. I understand that, in case of false information, my candidature will be rejected at any given point of time and I am also liable for appropriate action.

Date

Place

Signature

Cut from Here



Acknowledgement

Application No: _____

I Ms/Smt..... acknowledge receipt of application of Ms/Smt..... for the position of for CLF GPLF..... under.....BLF on date..... at

Full Name & Signature of receiver

With seal and stamp

ANNEXURE-III CHECKLIST OF DOCUMENTS TO BE SUBMITTED

Sl. No.	Parameter	Self-Attested Documents to be submitted
a.	b.	c.
1.	Address Proof	Resident Certificate/Aadhaar Card/ Voter ID/ Electricity/ Water Bill/ Ration Card
2.	Identity Proof	Aadhaar Card/Voter ID/PAN Card/ Driving License/ Ration Card with Photo
3.	Age Proof	Birth Certificate/ 10 th class certificate
4.	Educational Qualification	Mark sheet/ Board Certificate/ Diploma/Degree Certificate/ Post graduate certificate/ Any other qualification certificate from approved recognized institution
5.	SHG Member	Letter from President/Secretary of concerned SHG
6.	Social Category (SC/ST/Minority)	Caste Certificate
7.	Economic Category (Poor/EPVG (SECC 2011 Census data)	PIP Under OLM as per SECC-2011
8.	Ration card holder	Ration card issued by Competent Authority
9.	BPL	BPL card issued by Competent Authority
10.	Annual Income less than Rs. 60,000/	Income Certificate issued by Tahasildar
11.	Person with Disability	Disability Certificate from concerned government department
12.	Orphan	Orphan certificate from concerned Tahasildar (staying at home)/ DCPO (staying at child care institution)
13.	PVTG	Caste Certificate
14.	Community Cadre in intensive village/ GP under OLM	Letter from concerned CLF President/Secretary (in case of CRP-CM), GPLF President/Secretary in case of MBK, Bank Mitra, CRP-EP mentioning period for which candidate is/was engaged in intensive village/ GP under OLM
15.	CRP for mobilization round/ Senior CRP under OLM	Letter/ Certificate from BMMU/DMMU/SMMU, OLM mentioning the period of engagement