**Application for the Post of Multi-Tasking Staff (MTS)**

Paste recent passport Size Photograph

1. Advertisement No. **1-11/2019-2020/** **IWST/Estt./2906**
2. Full Name of the candidate ( in Block Letters):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Father’s / Husband’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Nationality:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Correspondence Address (In Block Letters)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PIN Code\_\_\_\_\_\_\_\_\_\_\_ Mobile Ph. No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Amount of Application Fee/Processing Fee: Bank Demand Draft No. & date: …………………………………………
2. Category to which the candidate belongs: **Please (√)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **General/UR** | **OBC** | **SC** | **ST** | **EWS** |

(If SC/ST/OBC/EWS, please attach self-attested copy of the latest certificate issued by the competent authority)

1. Sex: Please (√)

|  |  |
| --- | --- |
| Male | Female |
|  |  |

1. (a)Date of Birth: Date :\_\_\_\_\_\_\_\_Month :\_\_\_\_\_\_\_\_\_\_Year :\_\_\_\_\_\_\_\_\_\_

(Attach copy of the Birth Certificate/10th Class/SSLC/Matriculation Certificate)

(b) Age as on 03-01-2025: \_\_\_\_\_\_\_Years \_\_\_\_\_\_\_\_\_ Months \_\_\_\_\_\_\_\_ Days

1. Educational qualification (please attach self-attested copy of certificates and Mark-sheets):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Examination passed | Subjects | Year of Passing | Name of the recognized Board/University | Percentage of Marks |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |

1. Additional information, if any:
2. Whether the candidate is under any contractual obligation to serve Central/State Govt./Any public Sector undertaking or Autonomous Body and if so, give details (attaché No Objection Certificate)

**DECLARATION**

I hereby declare that all the facts mentioned in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage or not satisfying the eligibility criteria according to the requirement of the relative advertisement, my candidature/appointment is liable to be cancelled/terminated.

 (Signature of the Candidate)

Place:

Date:

**Check list of documents to be submitted along with the application (Please tick “√“at relevant box):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No.** | **Item/Document** | **Yes** | **No** |
| 1. | Duly signed and completed application form |  |  |
| 2. | Self attested copy of age proof (10th Std certificate, Birth Certificate, Transfer Certificate) |  |  |
| 3. | Self Attested copy of certificates of educational qualification |  |  |
| 4. | Self-attested copy of Caste certificate belonging to SC/ST/OBC/EWS |  |  |
| 5. | Passport Size photographs with their name & post written in capital letters on the back side of the photographs (3 nos.) |  |  |
| 6. | Demand Draft  |  |  |

 (Signature of the Candidate)

Place:

Date:

**Annexure – A**

(in the case of Govt. employees)

**Certificate to be furnished by the Employer / Forwarding Authority:**

Certified that:

1. The particulars furnished by Shri/Smt.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ are correct.
2. There is no vigilance / disciplinary case either pending or contemplated against him / her.
3. Integrity of the applicant ……………………………………….
4. Photocopies of the up-to-date ACRs, attested by an officer not below the Rank of an Under Secretary to the Govt. of India are enclosed.
5. In the event of his/her selection, there is no objection to relieve/spare him/her within the time specified in the office appointment.

 (Signature of the Head of the Department / Forwarding Authority)

 Department / Office with seal /T el. Ph .No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: