

FORM NO : .....

**OFFICE OF THE  
TEMPLE OF LEARNING, TOL  
KHA NAOREM LEIKAI, CANCHIPUR**  
.....

Two Passport  
Size Photo

**(Application should be filled up by the candidate's own handwriting)**

Particulars of Sl.Nos. 1 to 6 to be filled in block letters.

Name of the post : .....

1. NAME OF THE CANDIDATE : .....
2. FATHER'S NAME : .....
3. OCCUPATION : ..... ANNUAL INCOME: .....
4. PERMANENT ADDRESS : .....
5. COMMUNICATION ADDRESS : .....  
..... PHONE NO : .....  
P.O. .... P.S. .... DISTRICT : .....
6. EXPERIENCE (If any): .....
7. AADHAAR NO: ..... D.O.B. : .....
8. EDUCATION QUALIFICATION :

NAME OF THE			DIVISION WITH % OF MARKS	YEAR OF PASSING
EXAM	BOARD/COUNCIL/ UNIVERSITY	INSTITUTION		

The above information are true to the best of my knowledge. I am ready to produce all the testimonials in original if necessary. If any irregularity is found from the information furnished by me, my application may be rejected out rightly.

Date :

Place :

Signature of the Applicant

