**CO-OPERATIVE ARTS AND SCIENCE COLLEGE, MADAYI**

**(P.O)Payangadi (R.S),Kannur-670358**

[Aided College Affiliated to Kannur University]

**APPLICATION TO THE POST OF OFFICE ATTENDANT**

**(Reserved for PWD)**

1. Name of the Applicant (in capital letters] : ………………………………………………………………………
2. Age as on 1st January, 2024 & Date of birth : ………………………………………………………………………
3. Religion, Caste & Category [Tick relevant item] : ………………………………………………………………………

(SC/ST/OEC/OBH/OBC/OTHERS)

1. Are you differently-abled/Physically Challenged? : Yes / No.

If yes, furnish the details of disability with percentage.

(Attach medical certificate from the medical board) : ………………………………………………………………………

1. Native Place & District : ………………………………………………………………………
2. Address for Communication (with Pin code) : ………………………………………………………………………

…………………………………………………………………………

1. Aadhaar Number : ………………………………………………………………………

8. Telephone/Mobile Number : ……………………………………………………………………….

9. Details of Educational/Technical qualifications on the date of application

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Exam. Passed | Year of Passing | School/Board/University | Class & Percentage |
|  |  |  |  |

Details of Work Experience, if any, in any similar category

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Post | Name of Institution | Total Service | | Reason for Relieving |
| Years | Months |
|  |  |  |  |  |

**DECLARATION**

I, . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . , do hereby declare that the particulars furnished above are true and correct to the best of my knowledge and belief

Place:

Date: Name & Signature of the Applicant

*NB: Instructions regarding application submission are given in the college website: www.cascollege.ac.in*

**Note:** - 1. Photocopies of certificates showing qualifications, date of birth, disability (if any) and experience (if any) should be attached to the application. 2] All original documents should be produced at the time of interview. 3] The duly filled-in application along with the acknowledgement for remitting the fees to the Bank account should reach **THE PRESIDENT, PAYYANUR EDUCATIONAL SOCIETY, PAYYANUR – POST, KANNUR DISTRICT – 670 307** within one month from the date of publication of the notification in the news papers. Late or incomplete applications shall not be entertained