		(P.O) Paya d College Alfilia		*						
	APPLICATION TO T						TANT			
	FRE	SH APPLICATI (Tick the	on / RE-	m)	ATION	<u>v</u>				
1.	Name of the Applicant (in Capital Le	tters)	:		*****				•••••	
2.	Age as on 1st Jan. 2020 and Date of B	irth	:		·····			•		
3.	Religion, Caste & Community Tick the relevant it	em	(SC/ST/OEC/OBH/OBC/Others)							
4.	Are you Differently-abled/Physically Handicapped? : Yes / No									
	If yes, furnish the details of disability and attach medical									
	certificate from the medical board regarding and its percentage	disability	:							
5.	Native Place & District		:							
6.	Address for Communication		:							
	(in Capital Letters)			÷		*				
		11.2				Pincode [
7.	Aadhar Number						1			
8.	Telephone / Mobile Number		5	G	2					
9.	Details of Educational/Technical Qu	alifications on t	he Date of	the second se	and the second se					
	Name of Examination Passed	Year of Passing th	e Exam	Board/University/School			Class & Percentage			
									-	

		Total se	ervice in	Remarks	
Name of post	Name of Institution	Years	Months	Remarks	
	1				
ž					

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

Note : 1) Photo copies of certificates showing qualification, 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 should reach THE PRESIDENT, PAYYANUR CO-OPERATIVE EDUCATIONAL SOCIETY, PAYYANUR, P.O. PAYYANUR, KANNUR DIST. - 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.