

**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 1<sup>st</sup> January, 2024 & Date of birth : .....
- 3. Religion, Caste & Category [Tick relevant item] : .....  
(SC/ST/OEC/OBH/OBC/OTHERS)
- 4. Are you differently-abled/Physically Challenged? : Yes / No.  
If yes, furnish the details of disability with percentage.  
(Attach medical certificate from the medical board) : .....
- 5. Native Place & District : .....
- 6. Address for Communication (with Pin code) : .....  
.....
- 7. 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](http://www.cascollege.ac.in)*