

11. Whether Person with Disable (PWD)

Locomotor or cerebral palsy	Blindness or low Vision	Hearing impairment

12. Employment Exchange Card No. :

& Sponsoring No. :

District :

13. Essential Educational Qualification (matriculation onwards):

Sl No	Name of Examination	Name of Board/ University	Year of Passing	% of Marks Obtained	Division/ G.P

14. Other Qualification (if any):

15. Experience (if any):

Sl No	Name of Organisation	Post / Position held	Period	Emoluments	Remarks

(No Object certificate in original issued by the Competent authority should be enclosed)

16. I Son/ Daughter of

Shri/Smt.....aged.....(DOB.....)

Resident of

.....District.....Pin.....

Manipur, hereby declare that the information given above and in the enclosed documents are true to the best of my knowledge and belief and nothing has been concealed therein. I am aware of the fact that if the information given be me is proved false / not ture, I will have to face criminal proceedings as per provision of Section 177,193,197,198,199 and 200 of Indian Penal Code and any other suitable provisions of the Law. Also, all the benefits available by me shall be summarily withdrawn and my application shall liable for disqualification.

Date:

(Signature of Applicant)

Place:

17. SELF-ATTESTED DOCUMENTS TO BE ENCLOSED:

Sl No.	Details of documents	Tick if enclosed
1.	Class –X Certificate	
2.	Pu.Sc/ Class XII Passed Certificate	
3.	Graduate Certificate	
4.	ST/SC/OBC Certificate	
5.	PWD Certificate (issues by Medical Board)	
6.	No. objection certificate (if applicable)	
7.	Employment Exchange Card (Photo Copy)	

**GOVERNMENT OF MANIPUR
DIRECTORATE OF AGRICULTURE: MANIPUR**

ADMIT CARD

**Form No:.....
(to be filled by Office)**

**Roll No.
Date of Written Test
(to be filled by Office)**

Name of the Post applied for :

Name of the Candidate (Block letter) :.....

Father's / Husband's Name :.....

Mother's Name :.....

Address as per application form :.....

Whether SC/ST/OBC/PWD :



Signature of issuing Authority

(Signature of the Candidate)

**GOVERNMENT OF MANIPUR
DIRECTORATE OF AGRICULTURE: MANIPUR**

ADMIT CARD

**Form No:.....
(to be filled by Office)**

**Roll No.
Date of Written Test
(to be filled by Office)**

Name of the Post applied for :

Name of the Candidate (Block letter) :.....

Father's / Husband's Name :.....

Mother's Name :.....

Address as per application form :.....

Whether SC/ST/OBC/PWD :



Signature of issuing Authority

(Signature of the Candidate)