

# BIHAR RURAL LIVELIHOODS PROMOTION SOCIETY (Jeevika)

## Application Form

(To be filled by the Officer, BRLPS)

**Registration No**

(To be filled by the candidate in CAPITAL LETTERS)

1. Post Applying For*		(i) <u>Please paste one passport-size photo 3x4" and</u>  (ii) <u>Attach one color photo with the application form)</u>
1. (a) Advertisement No.		
2. Date of Walk-in-Interview		
3. Name of the Candidate (As in 10 <sup>th</sup> Certificate) *		

### Personal Details

4. Category (UR/EWS/BC/EBC/SC/ST)					
4a. Do you claim for reservation (Yes/No)		4b. If Yes, in case of BC/EBC Submission of Non-Creamy Layer Certificate (Yes/No)		4c. Xerox Copy submitted (Yes/No)	
5. Do you claim for reservation against persons with disability(PWD) (Yes/No)		5a. If Yes, Percentage of disability		5b. Xerox Copy submitted (Yes/No)	
6. Sex (Male/Female)					
7. Name of Father (As in 10 <sup>th</sup> Certificate)/Husband					
8. Name of Mother					
9. Date of Birth (DD/MM/YYYY)					
9a. Age (As on 01.08.2024)	Years		Months		Day
10. Resident of Bihar (Yes/No)					Xerox copy attached (Yes/No)

10.a. If Yes (Please mention Domicile Certificate No. & Date issued by CO/SDO/DM)		
10.b. If Yes (Caste Certificate issued by SDO/DM)		
11. Proof of Identification (Voter ID/ Aadhar Card/ DL /PAN/Passport or any other proof issued by Govt.)		
12. PAN No (If available)		
13. Email Id		
14. Mobile No		
15. Permanent Address:-		
16. Correspondence Address: -		

### **17. Details of Academic & Professional Qualification**

Qualification	Name of Board/ University/Institution	Specialization (If Any)	Passing Date (DD-MM-YY)	Marks			
				Full Marks	Marks Secured	%	Xerox Copy Submitted (Yes/No)

**18. Details of work Experience (If any)**

S.N.	Name of Employer	Designation	From	To	Total experience in month	Xerox Copy Submitted (Yes/No)

**19. For Reference Check (Please provide the following details)**

<b>1) Name &amp; Designation :</b>		<b>2) Name &amp; Designation :</b>	
<b>Mobile No.:</b>		<b>Mobile No.:</b>	
<b>Email ID:</b>		<b>Email ID:</b>	

**20. Declaration by the candidate**

*I hereby declare that all the above information and documents submitted are correct. I understand that in the event of any information being found suppressed/false or incorrect or any ineligibility being detected before or after joining, my Candidature/ appointment is liable to be cancelled and legal action may be taken against me and amount paid towards salary can be recovered by the BRLPS.*

*Name & Signature of the candidate*

*Date:*

**21. ( To be filled by Document Verification Team, BRLPS)**

19.a Remarks on Academic & Professional Qualification (if any)	19.b. Remarks on Working Experience (if any)

**22. Status of Document Verification  
(To be filled by Document Verification Team)**

**Qualified/Conditionally Cleared/Disqualified:**

**Any other remarks:**

**Name & Signature of Document Verification Team**

**Date**