

To  
The Chairman  
Habra Municipality,  
Habra, North 24-Parganas  
(Pin-743263)

Attach passport  
size photo duly  
self attested

Application for the post of.....

1) Name


2) Father's/Husband's Name


3) Gender

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4) Category

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5) Date of Birth

D	D	M	M	Y	E	A	R

6) Nationality:

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7) Address with pin code

(a) Present Address


(b) Permanent Address


8) Contact number

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9) Academic Qualification:-

Sl. No.	School/Board/univ./ Inst.	Exam Passed	Year of Passing	Total Marks	Marks obtained	Percentage

10) Additional Qualification,if any

11) Fee Details:-

Bank Name	
Branch Name	
Draft No. & Date	
Amount (Rs.)	

Declaration: I hereby declare that I have carefully read the conditions of eligibility mentioned in the advertisement. These conditions are acceptable to me and I fulfill these conditions. The details mentioned in the Application are true and I shall furnish the necessary certificates whenever required.

If any information/details found to be incorrect/false at any stage of the selection process or if any fact found to have been concealed by me or detected even after the appointment, my services may be terminated.

Date:

Place:

Signature of the Candidate

**ADMIT CARD**

**TO BE FILLED BY THE CANDIDATE**

**Name of the post applied for:-**

**1) Name :-**

**2) Father's Name:**

**3) Postal Address:**

Attach passport size  
photo duly self  
attested

**4) Date of Birth**

**5) Whether GEN/SC/ST/OBC(A):-**

**Note:- Bring all original certificated in support of Age, Educational Qualification, Caste in case of SC/ST/OBC(A).**

**Signature of the Candidate**

**TO BE FILLED IN BY THE APPLICATION RECEIVING AUTHORITY**

**ROLL NO.....**

**Name of the Examination/Interview centre  
With complete address:**

**Date of Examination/Interview and time:**

**Reporting time at the centre:**

**Signature of the authority**