APPLICATION FOR THE POST OF TELEPHONE OPERATOR

Affix Passport size Photograph

Applicant should belong to M.B.C.

| 1. | Nam | e in full | (Block | Lette | ers) | | | | | | | | | | | _ |
|------------|--|-----------|----------|--------|-------------|--------------------------------|-------------|---------|--------|------------|----|--|--|--|---|---|
| 2. | Fathe | er / Husł | oand's | Name | | | | | | | | | | | | |
| 3. | Sex | | | | | Male | | | | Female | | | | | | |
| 4. | Date of Birth & Age (*) as on 1.11.2 | | | | | | 2017 | | | | | | | | | |
| | Age | | Date | | | Mo | onth | | | Year | | | | | | |
| 5. | Natio | onality | | | | | Religi | on | | | | | | | | |
| 6. | Marital Status Married | | | | | Unmarried | | | | | | | | | | |
| 7. | PER | SONAL | DETA | ILS (| (*) (Tio | ck w | hicheve | er is a | pplica | able) | | | | | | |
| | Widow Destitute Int | | | | | er Caste Physically Challenged | | | | | | | | | | |
| 8. | Details of Employment Exchange Card, if registered | | | | | | | | | | | | | | | |
| | Registration No. | | | | | | | | | | | | | | | |
| | District in which Regn. was done | | | | | | | | | | | | | | | _ |
| 9. | Full Postal Address | | | | | | | | | | | | | | _ | |
| | a. Permanent Address with | | | | | | | | | | | | | | | |
| | Postal Pin Code | | | | | | | | | | | | | | _ | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | Cell No. | | | Pin Coo | | | | | | _ |
| | b. | Addres | | | | ice | INO. | | | 100 | 10 | | | | | |
| | | with Po | ostal Pi | in Coo | de | | | | | | | | | | | |
| | | | | | | | | | | _ | | | | | | |
| | | | | | | | e-mail id: | | | | | | | | | |
| | | | | | | Cell | | | Pin | | | | | | | |
| 10 | MOT | ים פועי | ONCI | nc | | | No. | | | Coo | ie | | | | | |
| 10. 11. | MOTHER TONGUE Community (*) | | | | | Certificate No. & Date – | | | | | | | | | | |
| 11. | Community () | | | | Issued by - | | | | | | | | | | | |

| 12. | EDUCATIONAL QUALIFICATION (*) | | | | | | | | | |
|-----|-------------------------------|--|---------------------|--|-----------------|--|--|--|---|--|
| | Sl. No. | Course | Registration No. | | Year of passing | | % of marks obtained with class | | Name of the University / College / School | |
| | 1. | X Standard | | | | | | | | |
| | 2. | A Certificate issued by the Telephone Department or from the Principal of a Telephone Institute recognised by the Central or State Government for having undergone necessary course of training in the operation of Telephone Board. | | | | | | | | |
| 13. | PREV | IOUS EXPERIENC | E IF ANY | | | | | | _ | |
| | Sl. No. | Name of the Organisation | Designation held | | Period To | | Salary drawn / drawing (p.m.) | | Reason for leaving | |
| | i. | | | | | | | | | |
| | ii. | | | | | | | | | |
| | 111. | | | | | | | | | |
| 14. | iv. | ER DETAILS, IF AN | JV | | | | | | | |
| 14. | i. | ER DETAILS, II' AI | \ 1 | | | | | | | |
| | ii. | | | | | | | | | |
| | iii. | | | | | | | | | |
| | iv. | | | | | | | | | |

(*) Self attested Xerox copy of certificates shall be attached along with application.

DECLARATION

| I,, Son / Daughter / Wife of |
|---|
| hereby declare that the details furnished in this |
| application are true, complete and correct to the best of my knowledge and belief. In case if |
| the details furnished by me above is / are found to be incorrect or false at a later date, I am |
| aware my candidature / appointment will be liable to be terminated without notice. I also |
| agree to abide by the terms and conditions of appointment stipulated by the Chief Electrical |
| Inspector to Government and modified from time to time. |
| |

PLACE : DATE :

SIGNATURE OF THE CANDIDATE.