MANIPUR PUBLIC SERVICE COMMISSION APPLICATION FORM

Office Assistant (Main) Examination, 2016

Closing date for submission of Application Form is 10-06-2016

[To be filled in by the candidate in his/ her own handwriting]

PHOTOGRAPH (Passport Size)

(DO NOT STAPLE)

Roll N	0									
(Write	the Roll Numb	er allot	ted to you in	the						
Office	Assistant (Prel	iminary	y) Examinatio	n, 2016)						
1.	Name in full: -									
	(in block capit	tal letter	rs)							
2.	Father's Name	ner's Name:								
3.	Mother's Name: -									
4.	Email Address: -									
т.										
5.	Mobile No.: -									
6.	Home Address in full: -									
0.										
7.	Date of birth (in CE) : (dd/mm/yyyy)									
	(to be proved by Matriculation / High School Leaving Certificate, attested copies of									
	the certificate to be attached)									
8.	Category: -	(i)	General							
		(ii)	OBC (M) *	\vdash						
		(iii)	OBC (MP)*	Ħ						
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		(iv)	ST							
		(v)	SC							
		Note: * OBC certificate should not be older than 6 (six) months.								

Note: All entries are MANDATORY.

	thereof. Examination Passed	Class or	Year	Subjects Taken	Name of Board/				
		Division			Council/ University				
				<u> </u>					
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	(a) Are you debarred from any examination or selection Conducted by the UPSC or any State PSC. (If yes, then attach the details) YES/NO								
	(b) Are you debarred from applying for any Government Post. (If yes, then attach the details)								
	A sum of Rs. 300/150 being the examination fees is deposited in cash.								
	Copies of list of documents enclosed:- (i)(ii)								
	(iii) (iv)								
	(v) (vi)								
	(vii) (viii)								
	I certify that (i) I am a	citizen of	India an	d a Permanent Re	sident of Manipur, (ii) the				
					nowledge and belief. (iii)				
	•		· ·		ess for employment under				
er	, ,			•	on being found suppressed				
	or incorrect or inclini	bility bein	ig detec	cted before or at	fter the examination, my				
	dature/ appointment is li	•			_				

Note: All entries are MANDATORY.

Signature of candidate in full.