

THE HIGH COURT OF KERALA

Application Form for the post of CONFIDENTIAL ASSISTANT GRADE-II (NCA Vacancies) Selection from available Other Backward Classes candidates.

(Recruitment No. 2/2011)

Note: Furnish full and correct information. Candidate should read the notification inviting application before filling up the form.

Paste here a passport size photograph (taken within the last six months) of the candidate (Do not staple or pin)

(The candidate should sign across the photograph pasted above)

1	Name of the candidate <i>(As entered in the matriculation certificate)</i> (IN BLOCK LETTERS)	
2	(a) Address for communication (IN BLOCK LETTERS) (with District, State, PIN Code)	
	(b) Permanent Address (IN BLOCK LETTERS) (with District, State and PIN Code)	
3	Mobile Number	
4	E-mail ID	
5	Gender(Male/Female)	
6	Are you a citizen of India? (Yes/No)	
7	(a) Do you claim the benefit of reservation of appointment in favour of Scheduled Castes/Scheduled Tribes/Non Creamy Layer of Other Backward Classes? (Yes/No)	
	(b) If yes, state (i)Religion	
	(ii)Caste/Tribe/Community	
8	(a) Date of birth	
	(b) Do you claim relaxation of upper age limit? If yes, state the grounds for relaxation (Ex-Servicemen should state the number of years of service and the number of years of unemployment on discharge)	

9	Educational Qualifications (Details of University Degree, qualifications in Typewriting, Shorthand, Computer Word Processing etc. should be given) (Enclose self attested copies of certificates to prove qualification.)	
10	Experience, if any	
11	Name of father/mother/guardian (Specify relationship)	
12	Mother tongue	
13	Do you suffer from any physical disability or handicap? If so, give particulars.	
14	Are you employed on a regular basis under State or Central Government? If yes, give details	
15	Are you presently ineligible to apply for the post on account of debarment by Public Service Commission, dismissal from service or conviction by a Court of Law? If yes, give details.	
16 (a)	Details of remittance of application fee	Amount(₹): DDNo.: Date: Name of bank & branch:
(b) If claiming exemption from payment of fees, state category: (SC/Unemployed Physically Handicapped)		

DECLARATION

I hereby declare that the information given above is correct and complete to the best of my knowledge and belief. In the event of any information being found false or incorrect, my candidature/appointment may be cancelled without further notice.

Place:

Date:

SIGNATURE OF CANDIDATE