

Roll No. OA/.....  
(to be filled by officials)

**APPLICATION FORM FOR THE POST OF OFFICE ASSISTANT**  
(Read instructions carefully before filling up the form)

Affix recent  
passport size  
photograph with  
self attestation

1. Name of applicant: .....
2. Father's/Husband's name: .....
3. Sex (Male/Female): .....
4. Date of Birth (DD/MM/YYYY): .....
5. Age as on 18/07/2016: Years ..... Months ..... Days.....
6. Present address & contact no.:  
.....  
.....  
.....
7. Permanent Address: .....
8. Mother Tongue: .....
9. Whether Un-reserved/ST/SC/OBC (Meitei/ Meitei Pangal/ Others): .....

(Please tick in the relevant box below and enclose copy of self attested certificate)

Un-reserved	ST	SC	OBC (Meitei)	OBC (Meitei Pangal)	OBC (Other)

10. Whether differently abled:  
(Please tick in the relevant box below and enclose copy of self attested certificate)

Locomotor disability or cerebral palsy	Visually impaired	Hearing impaired
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11. Whether a government employee: YES/NO

If "yes", "No Objection Certificate" in original issued by the employer (Competent authority) should be enclosed.

12. Documents enclosed:

Sl. No.	Details of documents enclosed	Tick if enclosed
1.	Class-X certificate	
2.	Class-XII certificate	
3.	Degree certificate	
4.	Computer course Certificate (CCC)	
5.	ST/SC/OBC Certificate	
6.	PH certificate (if applicable)	
7.	No Objection certificate (if applicable)	
8.	Employment Exchange registration number	
9.	Employment Exchange sponsoring serial number	

13. I ..... Son/Daughter of  
Shri/Smt .....  
aged.....(D.O.B. ....) Resident  
of .....  
.....District.....

Manipur hereby declare that the information given above and in the enclosed documents are true to the best of my knowledge and belief and nothing has been concealed therein. I am aware of the fact that if the information given by me is proved false/not true, I will have to face the criminal proceedings as per provision of section 177,193,197,198,199 and 200 of Indian Penal code and any other suitable provisions of the Law. Also, all the benefits availed by me shall be summarily withdrawn and my application shall liable for disqualification.

(Signature of Applicant)

Date:

Place:

Roll No. OA/.....  
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**ADMIT CARD**  
**OFFICE ASSISTANT (OA)**

Affix recent  
passport size  
photograph with  
self attestation

(To be filled up by Candidate)

Name of the Candidate: .....

Father's/Husband's Name:.....

Address: .....

Whether SC/ST/OBC/PH .....

(Signature of the candidate)

(Signature of the issuing Authority)

Roll No. OA/.....  
(to be filled by officials)

**ADMIT CARD**  
**OFFICE ASSISTANT (OA)**

Affix recent  
passport size  
photograph with  
self attestation

(To be filled up by Candidate)

Name of the Candidate: .....

Father's/Husband's Name:.....

Address: .....

Whether SC/ST/OBC/PH .....

(Signature of the candidate)

(Signature of the issuing Authority)