



File No: DULB-12025/1/2022

DEPARTMENT OF URBAN AFFAIRS/शहरी मामलों का विभाग
DIRECTORATE OF URBAN LOCAL BODIES / शहरीस्थानीयनिकायनिदेशालय
GOVT. OF ARUNACHAL PRADESH / सरकार अरुणाचलप्रदेश
ZOO ROAD, ITANAGAR / चिड़ियाघररोड, ईटानगर

Form No: _____
(To be allocated by official)

APPLICATION FORM
(WALK-IN INTERVIEW)

A. APPLICATION FOR

1. Name of the Post applied		Photo
-----------------------------	--	-------

B. PERSONAL DETAILS

1. Name		Photo	
2. Mother's Name			
3. Father's Name			
4. Gender			
5. Date of Birth			
6. Mobile No			
7. E-mail ID			
8. Nationality			
9. Do you belong APST category?	Yes No		
10. Permanent Address			
11. Corresponding Address			

C. EDUCATIONAL QUALIFICATION

Name of Examination	Qualification	Year of Passing	Board/ University	CGPA/ Percentage Marks	Class
1. Class X					
2. Class XII/ Diploma					
3. Graduation					
4. Post Graduation					
5. Other Qualification					

D. DOCUMENT SUBMITTED

- | | |
|--|------------|
| 1. Pass Size Photo (2 Nos) | (Yes / No) |
| 2. Class X | (Yes / No) |
| 3. Class XII/Diploma | (Yes / No) |
| 4. Graduation | (Yes / No) |
| 5. Post Graduation | (Yes / No) |
| 6. APST Certificate or Aadhar Card/Permanent Residence Certificate | (Yes / No) |
| 7. Intimation Letter/NOC | (Yes / No) |
| 8. Experience | (Yes / No) |
| 9. Any other Certificates | (Yes / No) |

Declaration

I affirm that all information furnished is true and correct. If any statement is found false, I shall be held responsible for the consequences as per the rule.

Place : _____
Date : _____

Signature : _____
Name : _____

Receipt Note:

Form No: _____

Received application form for the post _____ from _____ on dated _____. The application received is subjected to verification for the issue of the admit card.

Receiving authority