APPLICATION FORMAT FOR OMBUDSMAN Applied for the District_____

<u>PERSONEL</u>	INFORMATION		Duly attested/self attested recent photograph
1.	Name:		
2.	Father/Husband Name		
3.	Age (as on) (attach date of b	irth certificate):	
4.	Address for correspondence:		
	With Tel.No.		
5.	Permanent address (attach proof of residence):		
6.	Are you medically (physically & mentally) fit to conduct field visits? (Attach a medical fitness certificate)		
7.	Whether member of a political party?		
	(Attach a personal affidavit certified by a notary public)		
8.	Whether convicted/charge sheeted in a criminal case?		
	(Attach a personal declaration certified	(Attach a personal declaration certified by a notary public).	
9.	Do you have responsibility of Implementing MGNREGA in any capacity?		
10.	Highest educational qualification		
		•••••	
	(Attached copy of certificates		
	Attested by a gazetted officer):		
11.	Total work experience (No. of years)		
	(Attached copy of certificates attested by a gazetted officer)		
12.	Field of experience		
13.	Last post/position held, if any		
14.	Member of any society/professional bo	dy, if any (give details):	
It is advertiseme this is a par MGNREG	certified that above information furnished and the "Instructions on Ombudsman" t time work and all functions are to be called, Rules and Schemes framed there und time to time.	issued by the Govt. of Indurried out within the purvi	dia and understand that ew and confines of the
Place:		Signature of	applicant
Date:		Name of the	applicant