ANNEXURE-A

APPLICATION FOR THE POST OF PEON/ORDERLY/CHOWKIDAR (ON REGULAR BASIS)

Adv. No.DJ-R(Req.)MND/2019- 13031-13070

Dated 5th November, 2019

passport size photograph duly attested by

(Affix here recent To The District and Sessions Judge, Gazetted officer) Mandi, District Mandi, H.P. Pin Code - 175001. 1. Name of the candidate (In capital letters): 2. Son/daughter/wife of 3. Date of Birth(DD/MM/YY) (attach attested photocopy of proof) 4. Qualification(Matric onwards)(attach attested photocopies): Sr. No. **Examination Passed** Board/ University **Total Marks** % of Marks 1. Matric 2. 10+23. Graduation

Post Graduation 5. Experience, if any; give details as under(attach attested copy of certificate): Name of office Post on which Duration of service Pay Scale Total Experience where working/worked working/worked in months From То 6. Permanent Address: (Mention PIN Code also) PIN Code: 7. Address for correspondence: (Mention PIN Code also) PIN Code: 8. Mobile Number: (compulsory) 9. Category(General/SC/ST/OBC/Orthopaedically Handicapped): Gen. SC STOBC Orthopaedically Handicapped 10. Unique Identity Card No./AADHAR Card No. _____ e

	Signature of the candid		
Place:			
Date:			

Verification:

Verified that the above information is true and correct to the best of my knowledge. No part of it is false or incorrect and nothing material has been concealed therefrom. If particulars mentioned by me are found false at any stage then I shall be liable to be disqualified/ terminated without any notice.

Verified on this the (date)	Day of (Month)	2019

Signature of the candidate

ANNEXURE-B

APPLICATION FOR THE POST OF PEON/ORDERLY/CHOWKIDAR (ON DAILY WAGE BASIS) Adv. No.DJ-R(Req.)MND/2019- 13031-13070 Dated 5th November, 2019

(Affix here recent passport size
photograph duly
attested by Gazetted officer)

To The District and Sessions Judge, Mandi, District Mandi, H.P.

		Pin Code - 17500		, н.г.				, ,		
1.	Name of									
2.	Son/daug	Son/daughter/wife of :								
3.		Birth(DD/MM/YY attested photoco								
4.		ation(Matric onwa				ı *				
	Sr. No.	Examination Passed		Board/ University		Total Marks		% of Marks		
	1.	Matric	Matric							
	2.	10+2	+2							
	3.	Graduation	Graduation							
	4.	Post Graduation	1							
5.	Experience, if any; give details as under(attach attested copy of certificate):									
	Name of			on which	Duration	n of service	Pay Scale	Total Experience		
	where w	where working/worked		working/worked		То		in months		
6.		nt Address: n PIN Code also)	-				IN Code:			
7.		for corresponden PIN Code also)	ce:							
8.	Mobile N	Number:	-	PIN Code:(compulsory						
9.	Category	(General/SC/ST/	OBC/0	Orthonaedical	lv Handic	anned).				
•	Gen	`		ST		OBC		aedically capped		
10. Place:		dentity Card No./	/AADI	HAR Card No				he candidate		
Verifice No pa	rt of it is f	Verified that the a false or incorrect e are found false ce.	and n	othing materi	al has be	en concealed	therefrom.	If particulars		
	7	Verified on this th	e (date	e) I	Day of (M	Ionth)	2019).		

Signature of the candidate