

14. Extra Details

Place willing to work

District willing to work

Language Read

Language Write

Language speak

Registration Status

- Active
 In-Active

Date of last renewal

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15. HANDICAPPED details

<input type="checkbox"/> Blind <input type="checkbox"/> Deaf & Dumb <input type="checkbox"/> Orthopaedics <input type="checkbox"/> Respiratory Disorders <input type="checkbox"/> Negative Leprosy Person <input type="checkbox"/> Others	<div style="border: 1px dashed black; padding: 10px; min-height: 150px;"> <p><u>Details of medical findings</u></p> </div>
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Dated:

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Notes: (To be enclosed)

NB: * - mandatory field

1. An applicant must show his/her original documents, if failed application should be rejected.
2. Work Experienced Certificate