

Roll No. DO-OA/.....  
(To be filled by Officials)

**APPLICATION FORM FOR THE POST OF  
DATA OPERATOR –CUM-OFFICE ASSISTANT**

Affix one recent  
passport size  
photograph with  
self attestation.\*

1.	Name of the Applicant (in BLOCK letter)	
2.	Father's/Husband's Name	
3	Sex	
4.	Date of Birth (as per Matriculation Certificate) : DD/MM/YYYY	
5.	Age as on 26 <sup>th</sup> December, 2020	..... years ..... months ..... days
6.	Present Address	
7.	Permanent Address	
8.	Mobile Number (having Whatsapp) **	
9.	Email ID**	
10.	Mother tongue	
11.	Whether UR/SC/ST/OBC(M)/OBC(MP)	
12.	If differently-abled, category of disability: a) Locomotor disability. b) Deaf and hard of hearing.	

Note:

- Candidates to submit working Mobile Numbers & working Email addresses; Admit Card and other information will be communicated on these.

13. Whether a Govt. Employee (Tick): (Yes/No)

If Yes, "**No Objection Certificate**" in original issued by the employer (Competent Authority) must be enclosed.

14. List of documents to be uploaded:

- i) Permanent Resident Certificate issued by the District Magistrate/competent authority.
- ii) Age proof Certificate.
- iii) Concerned Employment Exchange Office sponsored document.
- iii) Educational qualification Certificates along with relevant Mark Sheets from matriculation and onwards.
- iv) SC/ST/OBC/Disability Certificate for candidates seeking reservation /benefit available for SC/ST/OBC/Physically Handicapped category.
- v) Recent photograph.
- vi) Signature.
- vii) "NO OBJECTION CERTIFICATE" from the employer, if Candidates are serving in any Government Department or Public Sector Undertaking or Autonomous Body.
- viii) Relevant certificate on Course on Computer Concepts (CCC)/ Computer Application. However, those candidates who have completed the courses in Computer Science/Computer Application/Information Technology as the core/main subject in their Graduation/Post Graduation do not require any separate Computer course certificate.

**DECLARATION**

I, ..... Son/Daughter of  
Shri/Smt ..... aged.....  
DOB..... resident of.....  
.....  
P.S.....District .....State....., hereby declare that  
the information given above and 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 criminal proceedings as per provisions of the Law.  
Also, all the benefits availed by me shall be summarily withdrawn and my application shall be liable  
for disqualification.

(Signature of the Applicant)

Date :

Place:

Roll No. DO-OA/.....  
(To be filled in by officials)

**ADMIT CARD**  
**DATA OPERATOR –CUM-OFFICE ASSISTANT**

(To be filled in by candidate)

1. Name of the Candidate (in BLOCK letters): .....  
.....
2. Father's/ Husband's Name: .....
3. Address: .....  
.....
4. Whether SC/ST/OBC/PWD: .....

Affix recent  
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(Signature of the Candidate)

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Roll No. DO-OA/.....  
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**ADMIT CARD**  
**DATA OPERATOR –CUM-OFFICE ASSISTANT**

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(Signature of the Candidate)