

 ORA ET LABORA	<h1>FAROOK COLLEGE</h1> <h2>(AUTONOMOUS)</h2> <h3>P.O. FAROOK COLLEGE, CALICUT</h3>
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APPLICATION FOR THE POST OF OFFICE ATTENDANT (PWD -Blindness and Low vision)
As per the notification in Daily, dated

1.	Name in full (in capital letters as in SSLC book)	
2.	a) Permanent Address	
	b) Present Address to which communication are to be sent	
3.	c) Telephone Numbers Land Line Mobile Email	
4.	Aadhar No.	
5.	Religion & Caste	
6.	Sex	
7.	Nationality	
8.	Mother Tongue	
9.	Age (completed years as on 1 st January of the current year)	
10.	Date of Birth (enclose proof)	
11.	Father's name & occupation	

11. QUALIFICATIONS

Name of examinations	Name of Institution	Name of University Board	Years of passing	Percentage of Marks
SSLC				
PLUS TWO				

DEGREE a) b)				
POST GRADUATION				
DIPLOMA				

12.	Additional Qualifications, if any	1. 2. 3. 4.
13.	Experience (Attach Proof)	
12.	Candidates shall attach a self-attested copy of a valid Disability Certificate issued by a competent medical authority, clearly indicating the nature and percentage of disability, in accordance with the prescribed Government norms.	
13.	Which languages can you read, write and speak	
14.	Are you employed? If yes give details and route the application through the employer	
15.	Name and address of two persons who are not relatives of the applicant and who know the applicant well and to whom references may be made	
16.	Do you possess any extracurricular record? Give details	
17.	Is there any criminal case registered against you? Selected candidates will be required to produce a Police Clearance Certificate for obtaining approval from the Government.	

18.	List of enclosures 1. 2. 3. 4. 5.
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I declare that the information given above is correct to the best of my knowledge and belief.

I agree to bind myself to the condition of service of Farook College that may be drawn up from time to time by the Farook College Managing Committee.

Place:
Date:

Name & Signature of the applicant

(FOR OFFICE USE)