

## **MEGHALAYA BOARD OF SCHOOL EDUCATION**

**HEADQUARTERS: TURA** 

	APPLICATION FORM FOR TH	IE POST OF LDA cun	n Computer Operator	7 🗍		
D	The Executive Chairman, Meghalaya Board of School Education, Tura		Paste the Recent Photograph and sign across it			
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	I have the honour to apply for the post of below. A bank deposit counterfoil/receipt	•	•			
	Only) vide Challan/Serial No.			o mana		
	Account No. : 36743928890  IFS Code : SBIN0009463					
	Signature of Applicant.					
	<b>EXAMINATION CENTRE (Please tick):</b>	: TURA	SHILLONG	Y		
1.	Full name(in Capital Letters) :-  (Please do not use any initials)					
2.	Date of Birth :Day	Month	Year			
3.	Place of Birth :-					
	Village/Town Police Station	District	State			
4.	Father's/Husband's name (in case of married female) :- (Please do not use any initials)					
5.	Mother's Name:					
6.	A. Permanent Address in full:	B. Present Ad	ddress in full:			
		<del></del>				

	. Reference – Name and address of two responsible persons in your localities who would be prepared to vouch for you.					
A		В				
0. A	11f 1 2			<del></del>		
9. Are you a citizen of India?  10. Educational & other quarksheets, etc. will have to be	alifications (Docu			of all certificates,		
Name of Institution & Address	Year of	Board/University	Examination	Division		
value of institution & Address	Passing	board, offiversity	Passed	DIVISION		
	<u></u>					
14. Present occupation; if ar	· 		us appointment			
16. Are you a temporary/re Meghalaya? Answer 'Yes'	•		partment of the	Government of		
			Signature wi	th date		
	DI	ECLARATION				
Shri/Smt	h	ereby declare that the	e information pr	ovided by me in t		
plication form for LDA cum						
derstand that inaccurate, mis	leading or untrue	e statements or knowi	ngly withheld in	formation may res		
cancelation of my candidatur	e/termination of	employment with this	organization ar	nd will also be barr		
om applying for another job ir	n this organization	n. I understand that th	is application do	oes not constitute		
fer of employment. Further, i	n case of any fals	e statement, I underst	and that I shall b	pe liable to actions		
r appropriate provisions of la	w.					
Date:						
Place:		Signa	ture of the Appl	licant		