**Application No**………(Office use)

**FAROOK TRAINING COLLEGE, KOZHIKODE**

**Research Centre in Education, Accredited at A+ grade with CGPA 3.39 by SAAC**

(*Govt. aided minority institution affiliated to University of Calicut & recognized by UGC&NCTE*)

Farook College (P.O), Calicut – 673632, PH: 0495 2440662, E-mail: farooktc06@gmail.com,

Web: www.farooktrainingcollege.ac.in

 **PHOTO**

**Application for the post of Office Attendant**

**Application fee : Rs.2000/-**\*

Mode of Payment: DD/ Online, Date of Payment: ………/………/2024

DD No………………………/ Online Transaction Reference No: ……………………………..

**\****No fee for PWD Candidates*

1. Name in full (in block letters) **:**
2. (a). Date of birth in Christian Era **:**

 (b). Age as on 01.01.2024 **:**

3. Sex & Marital status **:**

4. Place of birth (Village, Taluk, District & State ) **:**

5. Religion & Community **:**

6. Category (*Put tick mark*) **:** General/ Muslim /PWD

(*Attach Community certificate for posts reserved for Muslim community and medical certificate from competent authority for posts reserved for PWD*)

7. If PWD, mention the category under PWD **:**

& nature of your disability

8. Permanent Address (with PIN Code) **:**

9. Phone No. & Email Address **:**

(*Mobile number & Landline number/alternate number*)

10. Address for correspondence **:**

11. Name of Parent/ Guardian and relationship **:**

with the applicant

12. Occupation **:**

13. Contact number **:**

14. Academic Qualifications

1. Is your Education under 10+2+3+ pattern **:** Yes/No
2. If no, Give details **:**
3. Details of academic qualifications

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Examination passed | Subject(Main & subsidiaries) | Month& year of Passing | Marks / Grade obtained& Max. Marks/Grade | % of Mark/Grade | Class & Rank | Institution & University |
| Std. VII/SSLC or Equivalent……………… |  |  |  |  |  |  |
| +2/Pre-Degree or equivalent……………. |  |  |  |  |  |  |
| B.A/B.Sc./B.Com./B.P.Ed |  |  |  |  |  |  |
| M.A/M.Sc./M.Com/M.P.Ed |  |  |  |  |  |  |
| B.Ed. |  |  |  |  |  |  |
| Other qualifications if any |  |  |  |  |  |  |

(*Add rows if necessary. Attach self-attested copies of all certificates*)

14. (a). Whether employed? **:**

 (b). If yes, mention Designation, Institution, **:**

 name and address of the employer

15. Name, Address & phone number of two persons who are not related to

 the candidate from whom reference can be made. **:**

1. 2.

23. Any other achievements or information, if any **:**

24. List of Enclosures **:**

**Declaration**

I……………………………………………….., do hereby declare that the information given above are true to the best of my knowledge and belief.

Place:

Date: Name & Signature of the applicant

For office use only

Date of submission **:**