



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

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

PHOTO

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

a. Is your Education under 10+2+3+ pattern : Yes/No

b. If no, Give details :

c. 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 :