Adikabi Sarala Das Chair of Odia Studies
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<u>APPLICATION FORM FOR THE POST OF COMPUTER OPEARTOR</u>

Affix a recent coloured passport size photograph

Full Name (in Capital Letters) : _____

Father's Name : _____

Mother's Name : _____

Date of Birth (DD-MM-YYYY) : _____

Gender : _____

Category (Gen/SC/ST/OBC) : _____

Phone with std code/Mob. No. : _____

Email ID : _____

Mailing Address : _____
_____
_____

Language Known : _____

Educational Qualification :

Sl.No.	Examinations	Name of the Board/University	Percentage of marks	Subjects	Year of passing

Details of Experience:

_____

_____

I hereby verify that all the details given by me in the application form are true and correct to the best of my knowledge.

(Full Signature)

Place:

Date: