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DEGANGA CADP FSCS LTD.
VILL+P.O-DEBALAYA, P.S -DEGANGA,DIST- NORTH 24 PARGANAS
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Website – degangacadpfscs.com

APPLICATION FORM

Post Applied for : _____

Affix recent passport size photograph

Self Attested

1. Full Name : _____

2. Father's Name : _____

3. Permanent Address : _____

4. Address for Correspondence /
Present Address : _____

5. Date of Birth(with proof enclosed) : _____ 6. Sex : Male _____ / Female _____

7. Religion : _____ 8. Nationality : _____

9. Domicile : _____
(State)

10. Category:

SC	ST	OBC

11. E-mail id (If any) : _____

12. Mobile No. (If any) : _____



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13. Educational Qualification :

Qualification	Subjects		Percentage of marks	Year of Passing
	Principal	Subsidiary		

14. Experience :

Name of the Organisation	Designation	Nature of duties	Period		Duration.
			From	To	

15. DD No. _____ Date. _____ Name of Issuing Branch _____
Branch Code No. _____

16. Money Receipt No. _____ Date _____

17. Identity Proof (Aadhar Card / Voter Card / Driving Licence) with Extra one colour Photo & all documents (self attested) are xe-rox copy.

18. **Declaration :** I hereby declare that all statements made in the application are true, complete and correct to the best of my knowledge and belief. I also undertake that I have not submitted applications for two different posts advertised. The relevant clause is stated below for easy reference :- "Candidates can apply against any one post only. Candidates applying for more than one post will not be considered and such applications will be rejected." I understand that in the event of any information being found untrue / false / incorrect or I do not satisfy the eligibility criteria, my candidature / appointment will be cancelled / terminated, without assigning any reasons thereof. I have read the contents of the advertisement and agree to abide by the rules, regulations and procedures for appointment to the post applied for.

Date :

Place :

(Signature of Applicant)