

SWAMI BICHITRANANDA KALYAN ASHRAM
Dagarpada, Cuttack.
Estd:1921.
Child Care Institution
Application Form

Application for the Post Applied:

Applicant's Name & Address:

Date of Birth:

Marital Status:

Father/Mother/Husband's Name

Present Address: At:

PO:

PS:

Pin:

Whats App No:

Mail Id:

Gender:

Category:

Nationality:

District:

Alternative Ph No:

Permanent Address:

Contact Phone No:

Educational Details- Attached Photo copy of Certificates & Market Sheets:

Qualification	School/ College/ University			Percentage% of Mark
		Total Mark	Secured Mark	
Under Matric (only for the post of the Helper)				
Secondary (Matriculation)				
Higher Secondary Education (+2)				
Graduation				
Post Graduation				
Others				

Employment Details (previous) Attested Self – Attested photo copy of Experience Certificates.

Name of the Organization	Designation	Key responsibilities Handle	Period	
			From	To

Computer Literacy:

Language Proficiency:

Declaration

I do hereby declare that the information given above is correct and genuine to the best of my knowledge and belief.

Date:

Place:

Full Signature of the Applicant

MWF

16.11.24