## THINK GREEN

## SHILLONG CANTONMENT BOARD APPLICATION FORM

POST OF: SANITARY INSP	ECTOR	LAST DATE: 15	.11.2013	
То		Date:		
Sir,				
facts as below. In case of any fals proper. A DD of Rs.	se statement, I am lia	able to any action Government may	deem fit and	
No is attac	hed herewith.			
		Si	gnature of Applicant	
1. Full name (in Capital Letters) (Please do not use any initials)		:- Surname First.		
2. Date of Birth :	Year	Month	Date	
3. Father's / Mother's & Husband (Please do not use any initials)		married female) :-		
4. A. Permanent Address in full :		B. Present Address in full :		
		citizenship certificate should be enc		

6. Educational & other qualifications (Please attach copies of Certificates, Marksheets, etc. :-

Name of Institution & Address	Date of Entering	Date of Leaving	Examination Passed	Division	Subjects Taken

(b) Are you a member of SC / ST ? Answer 'Yes' or 'No'. If 'Yes', give particulars supported by a certificate (Copy to be enclosed :- .....

8. Present occupation; if any :-

\_\_\_\_\_

9. Previous appointment held; if any :-

10. Are you married or unmarried ?