

BIO-DATA FORMA

To,
The District Disability Rehabilitation Officer (DDRO)
District Disability Rehabilitation Center (DDRC)
Dharmanagar, North Tripura.

Subject :- Prayer for the post of _____

1) Name of the Candidate :
 (In BLOCK LETTER)

2) Fathers/Husband Name :
 (Attach address proof)

3) Permanent address with pin code :
 (Attach address proof)

4) Date of Birth :
 (Attach proof Certificate)

5) Nationality :
 (Attach proof certificate)

6) Sex (Male/ Female) :
 (Male/ Female)

7) Whether ST/SC/UR :
 (If belongs to SC/ST community attach certificate)

8) Contact Number :
 (Mobile/ Landline)

9) E-mail ID :
 (Email ID)

10) Educational Qualification (Attach Photocopy of all relevant mark sheets and pass certificates)

Sl. No	Name of Examination	Name of Recognized Board/University/Institution	Year of Passing	Percentage of marks Obtained

11) Technical Qualification :
 (if any, attach supporting documents)

12) Registration Number (If any, attach supporting documents) :
 (Registration Number)

13) Experience (If any, attach supporting documents) :
 (Experience)

DECLARATION BY THE CANDIDATE

I, Sri/Smt/Dr.....Son/Daughter/Wife
of hereby declare that all the
information given above true to the best of my knowledge, if any of the above information is found to be
incorrect at any stage, I shall be liable to be disqualified and removed from the service after
selection/joining.

Date:-

Place:-

(Full Signature of the Candidate)