

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 :
- 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) :
- 7) Whether ST/SC/UR :
(If belongs to SC/ST community attach certificate)
- 8) Contact Number :
- 9) E-mail 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) :
- 13) Experience (If any, attach supporting documents) :

DECLARATION BY THE CANDIDATE

I, Sri/Smt/Dr.....Son/Daughter/Wife
ofhereby 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)