		Co	mmunity Cadre	s Vacancy Statu	ıs of Bhandaripokhar	i Block		
S.L No	Name of Block	Name of Gram Panchayat	Post Vacancy CRP/MBK/BANK MITRA	Name of GPLF	Name of CLF	Name of Bank	Minimum Educational Qualification	Performance Incentive Rs.Per month)
1		Ranjit	CRP- 1,MBK-1	Ranjit GPLF	Kaintira CLF			
2		Rahania	CRP-1	Rahania GPLF	Ranigadhia-B CLF			
3		Jalamandua	CRP-1	Jalamandua GPLF	Padinarayanpur CLF		For CRP- CM: 10th	
4	Bhandaripo	Bandalomad hiali	CRP-1,MBK-1	Bandalomadh iali GPLF	Khapuriapada CLF		Pass/ For MBK &	CRP-Rs.3000/- p.m, MBK &
5	khari	Patuli	CRP-1	Patuli GPLF	Joragadhia CLF		Bank Mitra-	Bank Mitra-
6		Naami	CRP-1	Naami GPLF	Naami-1(A) CLF		12th	Rs.6000/-p.m
7		Napanga	Bank Mitra-1	Napanga GPLF	Only for Napanga & Ramachandrapur GP candidates apply	ndaripok		

Other Eligibility Criteria:

Should be a woman and SHG member Should be able to read and write Odia Well conversed with local language/dialect Age minimum 18 years

Domicle: Residence of the same village/cluster in case of CRP-CM:same Gp in Case of MBK: GP/GPs coterminous with service area of concerned Bank for Bank Mitra:

ANNEXURE-II APPLICATION FORM FOR COMMUNITY SUPPORT STAFF

Pos	sition applied for -		picar i
Nan	ne of the CLF:	Name of the GPLF:	2000
Nan	ne of the Bank Branch (Bank Mitra):	Name of the Bloc	k:
A	Personal Information		
1	Full Name of the Applicant		
2	Sex		
3	Full Name of Father/ Husband		Paste recent
4	Full Name of Mother		passport size colour photograph
5	Date of Birth (DD/MM/YYYY)		
6	Age as on date of issue of notice (in Completed Years)	PORCH IN THE WAY OF THE YORK NO.	
7	Social Category (Please tick valid option)	Gen ()/ SEBC ()/SC ()/	/ST()/Minority()
8	Economic Category (Please tick valid option)	Poor () / EPVG () / Ration ()/Annual Income less than Rs.6	
9	Special Category (Please tick valid option)	PwD () / Orphan ()//PVTC	
10	Current Address with name of Village, GP, Post Office, Police Station, Block, District, State, Pin	surational design on the capacitation of t	
11	Permanent Address with name of Village, GP, Post Office, Police Station, Block, District, State, Pin	za kantan ligini da kipaki ya kamana kata	F-8: 0,670 (B)
12	Telephone/mobile Number (Mandatory)		
13	Alternate telephone/mobile Number (Optional)		
14	Email ID (optional)		



B.

attached)

Educational Qualification (Self attested photocopy of Certificates & Mark sheets to be

SI. No.	Degree/Diploma/ Certificate Course/ Any other	Total Marks	Total Marks secured	% of marks secured	Institution / College/ School	University / Board	Year of Passing
1	10 th Class					40-20-20-20-20-20-20-20-20-20-20-20-20-20	
2	12 th / Intermediate/ +2						
3	Graduation (Specify)/+3						
4	Post Graduate (Specify)			12,1545			
	Any other qualificat Yes, mention below	ion, ITI/a	dditional o	legree, dip	loma/ degree/	certificate of	course. If
5							
6							
7							

C.	Experience (Self attested photocopy of experience certificates and relevant documents to be attached)							
SI. No.	Name and address of SHG/ CLF Area of GPLF/Department		PE	Total Period				
	Experience	Organization/ govt. recognized Institution associated with	From (MM/YYYY)	To (MM/YYYY)	(In Years/ Months)			
1								
2	3340324							
3								
4								

D.	Language Proficiency (Put Tick Mark √ in appropriate column)



Sl. No.	Language	Read	Write	Speak
1	Odia	V= 200		and dispersion of
2	Hindi			
3	English			
4	Any Other (Specify)			

Documents attached (refer to Annexure-III to know type of documents to be attached)

SI No.	Name of Document attached	SI No.	Name of Document attached
1	t in the Committee and State of the Committee of the Comm	7	i objektuski reda (o
2		8	
3		9	
4		10	
5		11	
6		12	

Declaration

I do hereby, declare that information submitted by me is true to the best of my knowledge. I understand that, in case of false information, my candidature will be rejected at any given point of time and I am also liable for appropriate action.

Date	Place	Signature
		0.,,,,,



	from Here
	Acknowledgement
App	dication No:
I	Ms/Smt acknowledge receipt of application of
	Smt for the position of for
	CLF GPLF
	er at at

Full Name & Signature of receiver

With seal and stamp