

APPLICATION FORM
APPLICATION FOR LEGAL AID DEFENSE COUNSEL SYSTEM
DISTRICT LEGAL SERVICES AUTHORITY, TIRUVANNAMALAI.

Name of the post applied for : **Office Assistant/ Clerks /Receptionist-cum-Data**

Entry Operator /Office Peon (Munshi / Attendant)

(Use separate application for each post)

Self Attested Passport Size Photo of the Applicant

1	Name of the applicant (in English) as per the certificate.	:			
2	Name of the Father/Husband	:			
3	Age (as on 01.07.2022) & Date of Birth	:	DD	MM	YYYY
4	Gender	:	Male	Female	Transgender
5	Marital Status	:			
6	Address for communication	:			
			Mobile No:		
			Email –id:		

		Aadhar Number:						
		Same as above <input type="checkbox"/>						
7	Permanent Address with Native place :							
		Native place:						
8	Community(tick relevant community) (copy of certificate to be enclosed)	<table border="1"> <tr> <td>OC</td> <td>BC</td> <td>MBC</td> <td>SC</td> <td>ST</td> <td>others</td> </tr> </table>	OC	BC	MBC	SC	ST	others
OC	BC	MBC	SC	ST	others			
9	Caste(with sub caste)							
10	Nationality/Religion							
11	Educational Qualification (copy of certificates and any other relevant certificates (self attested) to be enclosed) :							
12	Any other Additional Qualification and experience certificates with self attested copies to be enclosed. :							
13	Experience Details :							

14	Is the applicant punished in any criminal case? If so give details.	:	
15	Is there any civil/criminal case pending against the applicant. If yes give details	:	
16	Is there any spouse / relative working in this Judicial Department, legal services authority, if it is so furnish the details.	:	
17	No. of enclosures		

I declare that all the details furnished above are true to the best of my Knowledge.

Place:

Signature of the applicant

Date: