

FORM NO:.....

**APPLICATION FORM FOR APPOINTMENT IN SSA, STATE MISSION
AUTHORITY, MANIPUR ON CONTRACT BASIS**

To,

The State Project Director,
Sarva Shiksha Abhiyan,
Babupara, Imphal West- 795 001

Recent
Attested
Passport size
photograph

- 1) Name of the Post :.....
- 2) Name of the Applicant (in block letters):
- 3) Name of the Father/Husband :.....
- 4) Address:
- 5) District to which the candidate belongs:.....
- 6) Date of Birth:.....
- 7) Age as on 28/02/2015 : Years Months Days.....
- 8) Whether SC/ST/OBC/PH (*submit attested copies):
- 9) If OBC (indicate whether Meitei/Meitei Pangal/Others):
- 10) Educational Qualification (to be supported by attested copies):

Sl. No.	Name of Board/ University	Exam Passed	Marks Obtained	Percentage
1				
2				
3				
4				
5				
6				

- 11) Mobile No.:
- 12) Experience (Brief record of Service):.....

The above information is true to the best of my knowledge and belief. No part of it is false and nothing has been concealed.

(SIGNATURE OF THE APPLICANT)

**SARVA SHIKSHA ABHIYAN/STATE MISSION AUTHORITY, MANIPUR
RECRUITMENT ON CONTRACT BASIS**

ACKNOWLEDGEMENT CARD

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FORM NO.....

ROLL NO.:
(To be filled by Official)

Name of the applicant:.....

Name of the Post & Code:

Address:

.....

Date of Birth: Category:.....

SIGNATURE OF THE APPLICANT

**SIGNATURE OF THE ISSUING
AUTHORITY**

**SARVA SHIKSHA ABHIYAN/STATE MISSION AUTHORITY, MANIPUR
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**SIGNATURE OF THE ISSUING
AUTHORITY**