

**ANNEXURE-II**

**APPLICATION FOR THE POST OF  
TAX ASSISTANT/STENOGRAPHER GRADE-II/MULTI TASKING STAFF**

Post applied for	Tax Assistant		<b>Latest pass-port size coloured photograph of the candidate</b>
	Stenographer Grade II		
	Multi Tasking Staff		
<b>(Please mark your preference as 1,2,3 in the given box above. If not applying for any post, please mark (×) against that post. If any person is not found eligible for a particular post, his/her next preferred post shall be counted. The blank column shall be considered as (×).</b>			<b>Signature</b>

**(Please fill the form in black ink in Capital Letters)**

A) Full Name (Surname first)	
B) Father's Name	
C) Gender (Male / Female)	
D) Permanent Residential Address	
E) Address for Communication	
F) Date of Birth (DD/MM/YYYY)	
G) Age (as on 31-12-2020)	
H) Whether General/OBC/SC/ST	
I) Educational Qualification	
J) Sports event/game	

(Give detailed information along with certified copies)	
K) Details of Best Performance : <b>(Please enclose proof)</b>	
a) International (mention the name of event, year & month when event was held and position secured)	
b) National (mention the name of event, year & month when event was held and position secured)	
L) Details of latest performance <b>(Proof to be enclosed)</b>	
M) Documents to be submitted : a) Graduate/Post Graduate Marks List and Certificate of the University (as applicable) b) Age proof (as per matric certificate) c) Sports Certificates d) Caste Certificate (in case of OBC/SC/ST candidates)	
N) Telephone No.	
O) E-mail ID, if any.	

### DECLARATION

I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being false or incorrect or ineligibility being detected before or after the tests/interview my candidature/appointment is liable to be cancelled/terminated. I have not submitted any other application for this post. I am aware that if I contravene this Rule, my application will be rejected summarily by the Department.

I further declare that I fulfill all the conditions of eligibility regarding age limit, educational qualification & sports eligibility, etc., prescribed for the post.

Place :

Signature of the candidate

Date :

FULL NAME