



State Pollution Control Board, Sikkim

Parivesh Bhawan, Forest Secretariat, Deorali, Gangtok – 737102



APPLICATION FORM FOR THE POST OF

Affix your recent passport size photograph.

1. Name of the Applicant as in the Certificate of Class – X Board Examination.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2. Father's Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. If Married; Husband's Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. Gender

Male

Female

5. Date of Birth & Age :

Date

Month

Year

Age

--	--

--	--

--	--	--	--

--	--

6. Mobile No:

--	--	--	--	--	--	--	--	--	--

7. Address for Communication (*do not repeat name*)

City

District

Pin Code :

--	--	--	--	--	--

8. E-MAIL ID :

9. RELIGION :

10. Category : (✓ Tick) :

Gen

OBC (CL)

OBC (SL)

BL

ST

SC

PT

11. Whether employed: (✓ Tick)

Yes

No

(a) If employed, nature of appointment : (✓ Tick) Private sector

Government (Contract/MR/Adhoc)

(b) If employed, name of the Department/Organization:

12. Details of Certificates in possession:

Sl. No.	Particulars of Certificates submitted	Certificate Sl. No.	Issuing Authority
1	Class X Mark sheet		
2	Class X Pass Certificate		
3	Class XII Mark Sheet		
4	Class XII Pass Certificate		
5	Graduation/Post Graduation Mark Sheet (as per minimum educational qualification for the relevant post.)		
6	Graduation/Post Graduation Certificate (as per minimum educational qualification for the relevant post.)		
7	Sikkim Subject/Certificate of Identification		
8	Category Certificate.		
9	Employment Card (valid)		
10	Unmarried Certificate in case of female candidate (valid)		
11	In case of married female candidates Husband's C.O.I.		
12	If employed, an NOC from the administration department/organization.		

DECLARATION

I being in sound mind, hereby declare that all the information given above by me is true and correct.

If false and fabricated documents, which have been tampered with or material/information is suppressed knowingly, comes to the notice at any stage of examination, I will be liable to be disqualified and debarred permanently.

Date:

Signature of the Applicant

Full Name: