



অসম লোকসেৱা আয়োগ
ASSAM PUBLIC SERVICE COMMISSION

PART-I

Paste here a
Copy of passport
size photo and
sign in the space
below

APPLICATION FORM FOR ASSAM LOCAL FUND AUDIT SERVICE
(PROMOTION) EXAMINATION

1. Name of candidate in full :
(in block letters) with present address for
communication.

2. Designation :

3. Date of continuous appointment as Asstt. :
Auditor of Local Audit Deptt.

4. Name of the Office/ Division in which serving :
at present.

5. (i) The number of chance/ chances if any :
availed previously.

(ii) State the year in which appeared and : Year
the Roll No. allotted.

Roll No.

(iii) Whether secured exemption marks : Yes No

(iv) If yes, mention the name of subject(s), :
year and Roll No. of examination.

Year	Roll No.	Subjects
		1.
		2.
		3.
		4.
		5.
		6.
		7.

6. Subject/ Subjects to be examined at present :
1.....
2.....
3.....
4.....
5.....
6.....
7.....
8.....

7. Mention the caste you belong to : SC/ ST(P)/ ST (H)/ OBC/ MOBC/ GEN

SC	ST(P)	ST(H)
OBC	MOBC	GEN

Please tick (✓) the appropriate box.
NOTE: ATTACH SUPPORTING DOCUMENTS (Except GEN)

8. Details of Fee

: Fee to be paid as per rate mentioned in the advertisement in the HEAD OF ACCOUNT, "NON TAX REVENUE OTHER NON TAX REVENUE 0051 PUBLIC SERVICE COMMISSION 105 STATE PUBLIC SERVICE COMMISSION EXAMINATION FEE RECEIPT OF ASSAM PUBLIC SERVICE COMMISSION."

Name of the Treasury Office	No. and date of Treasury Receipt	Value		Reason of payment of half rate
		Rs.	P.	

Note: Enclose copy of the Original Treasury Receipt. No Duplicate/ Photocopies will be accepted.

9. Enclosures:

- (i) Two copies of passport size photos (one pasted and the other pinned) : Yes/ No
- (ii) Certificate containing the date of appointment issued by the appointing authority. : Yes/ No
- (iii) Caste Certificate : Yes/ No

PART-II

DECLARATION

I hereby declare that all the Statements made in this application are true and complete to the best of my knowledge and belief. I understand that action can be taken against me by the Commission if I am declared by them to be guilty of any type of misconduct mentioned herein.

I am applying for the post through Proper Channel.

Signature of the applicant (in full)

Date: _____

PART-III

RECOMMENDATION OF APPOINTING AUTHORITY

I, Sri/Smt.....(Designation).....do
hereby forward the application of Sri/Smt.....
(Designation).....for appearing in the Assam Local Fund Audit Service
(Promotion) Examination to be conducted by Assam Public Service Commission on being satisfied that
he/she fulfils all the requirements for being eligible to apply.

Date:.....

Signature of the appointing officer

(Seal)