

Application for the post of "DRIVER" on contractual Basis in
State Health Transport Organisation

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To
The Chairman
Selection Committee for Contractual Driver
State Health Transport Organisation
Swasthya Paribahan Bhawan
142, A.J.C Bose Road, Kolkata-700014

Applied for Zone:.....(Kolkata/Siliguri /Paschim Medinipore /Baharampur)

1. Name in Full:.....
2. Father's Name:.....
3. Date of Birth:...../...../.....(dd/mm/yyyy), Age as on 01.01.2019
4. Do you have ability to read, write and speak in Bengali:- (Yes/No)
5. State your mother tongue:-.....
6. Sex:-.....
7. Nationality:.....
8. Category:-Gen/SC/ST/OBC
9. Email Id:-..... Mobile Number:.....
10. Address for correspondence:-
.....
.....
.....
11. Permanent Residential Address:-
.....
.....
.....
Police Station.....Pin Code:.....
12. Qualifications:- Class VIII pass & onwards

Examination	Exam/Course	Year of passing	Name of board/council/ university	Division/class /Grade	Marks%	Remarks

13 Driving License details

Unique Driving License Number:-

Category of Driving License	Date of Issue	Valid Till
LMV		
LMV-TR		
LMVCAB		
TRANS		
PSVBUS		

14 Whether having Experience, If yes please specify:-

Name of the post	Temporary/ Permanent/ Contractual	Office Where employed	Date of Joining	Date of leaving	Year of Experience

15 Whether any Criminal case is initiated/pending against you:- YES/NO.

If yes, please furnish the details:-

I do hereby declare that above particulars are true to the best of my knowledge and belief.

Date:-

Place:-

(Full Signature of the Applicant)