

GOVERNMENT OF PUDUCHERRY
LOCAL ADMINISTRATION DEPARTMENT
No.7, Suffren Street, Puducherry-605001

Application Form

Passport size
photograph

1.Name of the candidate (in block letters) :

2. Gender : (Male / Female)

3. Date of birth (day/month/year) :

4. Correspondence Address (In block letters) :

5. Email address :

6. Mobile No. :

7. Aadhaar No. (enclose the copy) :

7. Educational Qualification(s): (Highest to be mentioned first)
(certificates copy should be self-attested)

Sl. No.	Degree / Qualification acquired	Name of College/ Institution	University/ Board	Marks Obtained (%age)	Year of completed

I certify that the information furnished above is true to the best of my knowledge and belief.

Signature of the candidate _____

Date:

Place:

NOTE

1.The candidate should send their application along with self-attested copy of their certificates to “THE DIRECTOR cum CHIEF REGISTRAR OF BIRTH & DEATH, LOCAL ADMINISTRATION DEPARTMENT, No.7, Suffren Street, Puducherry-605001” on or before 26.12.2018 by post. The Payment will be made on piece rate basis

2. Applications received after the last date cannot be considered.