

STATE LEVEL NODAL AGENCY

WATERSHED MANAGEMENT, MANIPUR Department of Planning, Babupara, Imphal 795001

| Office | Copy |
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Roll No......(To be filled by Officials)

| | | IT CARD | |
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| | lled up by Candidate) | | |
| 1. | Name of the Candidate: | | |
| 2. | Father's name/ Husband's name: | | |
| 3. | Date of Birth: | | A ffire we could be in |
| 4. | Gender: | | Affix recent siz |
| 5. | Address: | | photograph with self- attestation |
| 6. | Name of the post applied for: | | |
| 7. | Category (UR/ST/SC/OBC): | | |
| 8. | Date of Examination: | | |
| 9. | Venue of Examination: | • | |
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| | (Signature of the Candidate) | (Signature of the is: | suing Authority) |
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(Signature of the Candidate)

(Signature of the issuing Authority)