## JHARKHAND PUBLIC SERVICE COMMISSION RANCHI

## Recruitment of Director Prosecution (Advt. No.- 04/2019)

				Reg	gistration	No. (To	o be fille	d in by JI	PSC):			
		(A	ll the informat	ion should l	be filled in	Block/C	Capital L	etters O	nly)			
1.	Name of the post:	Director	Prosecution	n								
2.	Name of Applicant	:										
	Hindi:				3.43			1				
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	English:							$\mathcal{I}_{i}$			1	
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		九万』				4		E S	X / T			
				A region								
	Nationality:				lilli.							
5.	Category (Please ✓ in	the box)?							₩.			
	UNR BC	)-I 🔲	BC-II		SC		ST					
6.	Do you claim relax							as SC	or ST (	Please ✓ i	in the box	below)
	: Note- Please refer claus Yes	se 12 (111) (a) N		sement.	EK	(C)F						
	It Yes, then please ✓					And the Party of t		ordingl	y :-	<i>[</i> []		
	ST	SO										
	a) Certificate No:							_ 1				
	b) Issue Date :	D D M	M Y	YY	Y							
	c) Issuing Authority	: co [	SI	00	DC		] (Plea	ase √ iı	n the bo	x of con	ncerned)	
	d) Name of the Circle	/Sub Divis	sion/District	from when	e Caste (	Certific	ate is is	ssued :				
	e) Name of the State	from wher	e Caste Certi	ificate is is	ssued:							
7.	Gender (Please ✓ in	the box):	Mal	le [	Fen	nale		Tra	ınsgende	er		
8	Marital Status(Pleas	se√ in the bo	ox): Mar	ried			Г	Uni	married			

у.	: Note – Please refer clause 12 (iii) (b) of the advertisement.									
	a) Disability Category: í í í í í í í í í í í í í í í í í í í									
	b) Disability Percentage: í í í í í í í í í í í í í í í í í í í									
	c) Disability Certificate No. :í í í í í í í í í í í í í í í í í í									
	d) Date of Issue of Disability Certificate: í í í í í í í í í í í í í									
	e) Issuing Authority: í í í í í í í í í í í í í í í í í í í									
	f) Place of Issue : í í í í í í í í í í í í í í í í í í									
10	Date of Birth: DD MM YYYY (As per Matriculation/10 <sup>th</sup> / other secondary school certificate)									
	Age as on 01.08.2019 YY MM DD									
11	. Correspondence address :									
	P.O: P.S:									
D	strict: Pin:									
12	. Permanent Address :									
_	P.O :_ P.S:									
D	strict: State: Pin:									
13	a) Fatherøs Name: í í í í í í í í í í í í í í í í í í í									
	b) Husbandøs Name (In case of married woman) : í í í í í í í í í í í í í í í í í í									
14	. Mobile No :									
15	. E-mail ID :									
16	5. Proof of Personal Identification :									
	Aadhaar No. :									
	In case Aadhaar is not available then provide identification No. of other Personal Identification Proof									
	(Voter ID/Driving Licence/PAN Card/Passport) :									
17	. Identification Mark :									

## 18. Educational Qualifications:

Education	Name of Degree	Subject(s) Name	Board/ University	Year of Passing	Full Marks	Marks Obtained	% of Marks	Class / Grade	Certificate No
10th/ SSE									
12th/ HS									
Graduation									
LLB			.00						
Other ( if any)			An						
		1/2							
						3			

**19. Experience Details :** Write chronologically i.e. from the initial appointment to current appointment. (If necessary use additional sheet in the following format)

Sl. No.	Name of Department/Institution	From (DD/MM/YY)	To (DD/MM/YY)	Period/ Experience (YY/MM/DD)	Experience Certificate No.	Experience Issuing Authority
1.	7 5 7	ASSERTATION OF THE PROPERTY OF		1999 gaspe		
2.	1/2/2					
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5.	101					/ <i>M</i> /
6.	1691					<i>\$</i> /
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20. Whether you are							
Yes No	(Please ✓ in the box)						
If Yes, give the following information:-							
Name of Post	Nature of Post (Permanent/Contractual/Ad hoc/Part Time)	Date of Appointment	Name of employer				
		DD/MM/YY					
		DD/MM/YY					
21. Fee Details: Fee	amount, as applicable: Rs. :						
Total	Amount Paid: Rs. :	p 2700					
SBI c	ollect Reference No:		_ Date:				
	:- Self attested Photocopies of	the documents mentione	ed below should be attached				
serially :- (Please ✓			1 CA / TO				
	Examination Fee receipt						
2) 10 <sup>th</sup> /Matricula 3) 10 <sup>th</sup> /Matricula	ation Certificate						
	iate Certificate						
	iate Mark sheet						
6) Graduation M							
7) Graduation Ce							
	on Degree Certificate		/ <b>9</b> / /				
9) Post Graduati							
	on Certificates(If any)						
11) Caste Certific							
	tificate (If applicable)						
The state of the s	Certificate from present Em	ployer					
	her Personal Identification de						
15) Experience Co							
is) Experience		Manager and American Company of the					
* Blanks in the abo	ove can be filled by candidate	e for additional relevant	documents enclosed after Sl. No. 15				
suitably mention	ing the name of the documen	nt(s) in support of inform	nation given in the application from.				
Note (i) Paging	of the analogues should be d	long of oither sides of th	a documents if anything is symitten				
			e documents if anything is written,				
	nk pages paging should not b						
	_		mark sheets, degree certificate etc.,				
then pl	notocopies of both sides of th	e documents should be	enclosed.				
23 Declaration:	(Please $\checkmark$ or $\mathcal{K}$ , as the case may be in	the box below):-					
· 🗀 · ·		· · · · · · · · · · · · · · · · · · ·	knowledge and belief. I have read the				
		-	ation, reservation etc. and there is no				
	_		ation found to be false or incorrect, then				
mycandidat	ture can be cancelled by the Cor	nmission at any stage.					
ii) I have rea	d the advertisement and I agree	to the terms and condition	ns elaborated in the advertisement.				

Affix passport size (3.5	Signature (In running hand):-
cm x 4.5 cm) Photograph is to be	Date :
signed such that Signature is partly on the Photograph and	Place :
partly outside the photograph	
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