

Annexure-A

ASSAM FINANCIAL CORPORATION

VITTIYA BHAVAN, M.D. SHAH ROAD
PALTANBAZAR, GUWAHATI-781008, ASSAM

Latest self-
attested photo of
candidate

APPLICATION FORM FOR THE POST OF JUNIOR ASSISTANT

Notification No.: AFC/H.O./Estt./551 Date: 06.12.2023

| | | |
|----|---|---|
| 1 | Name (In BLOCK letters) | |
| 2 | Father's Name | |
| 3 | Age & Date of birth (Age Proof to be attached) | Age as on 30-11-2023 _____ Date of Birth : _____ |
| 4 | Sex(Male/Female) | |
| 5 | Nationality | |
| 6 | Religion | |
| 7 | Whether SC/ST/OBC (Caste Certificate to be enclosed) | Yes/No. Caste: |
| 8 | Marital status (Married/Single) | |
| 9 | Contact Number | Landline: Mobile No. |
| 10 | Email ID(should be legible) NB: All future correspondence, if any will be made through email ID only) | |
| 11 | Permanent Address | |

| | | | | | | |
|-------|---|---------------------|--|-----------------|---|---------------------|
| 12 | Address for Communication | | | | | |
| 13 | Total post qualification Experience(in number of Years) | | Total experience in years: _____ years | | | |
| 14 | Academic Qualification(HSLC onwards) | | (Self-attested copies to be enclosed) | | | |
| | Qualification | Name of Institution | Name of University/ Board | Year of Passing | Class/Div. | % of Marks obtained |
| A | | | | | | |
| B | | | | | | |
| C | | | | | | |
| D | | | | | | |
| | | | | | | |
| | | | | | | |
| 15 | In Case of Experience | | | | | |
| Sl No | Date From | Date To | Period | Designation | Organization worked for & Nature of Works | |
| A | | | | | | |
| B | | | | | | |
| C | | | | | | |
| D | | | | | | |
| | | | | | | |

| | | | | | |
|----|--|--|--|--|--|
| | | | | | |
| | Total Experience in Numbers of years | | | | |
| 16 | Any other information (Please attach separate sheets if required) | | | | |

Self-attested copies of academic qualifications, experience and proof of age etc. are to be enclosed along with the application form. The application form should be complete in all aspects. Incomplete/ Ineligible/ Defective applications will be summarily rejected without any notice to the applicant.

DECLARATION

1. I hereby declare that all information furnished in the application form are true, complete and correct to the best of my knowledge and belief. I also agree that my candidature/appointment shall be cancelled at any stage/time if it is found that the information furnished are wrong.
2. I agree to receive all correspondence through e-mail ID given in my application.
3. Proof of application fee as detailed in the notification is attached herewith.

Place:

Date:

Signature of the candidate