**GOVERNMENT OF NAGALAND**

**PASTE RECENT**

**PASSPORT**

**PHOTO**

**(4.5 cm by 3.5 cm)**

**NAGALAND STAFF SELECTION BOARD**

**\*\*\*\*\***

**Proforma of Candidates**

**…………………………………………….……………………………………………………**

*(Write the Name of Examination)*

1. **Full Name of the Candidate (in Block letters)**

*First Name and Middle Name*

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*Surname*

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1. **Roll No 3. Tribe**

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**4. List of photocopy documents attached (all documents to be self attested)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | ***Name of document*** | ***Board/ University*** | | ***Submitted (Yes/No)*** | ***Remarks*** |
| i | **Admit Card** | | |  |  |
| ii | **HSLC Admit Card** |  | |  |  |
| iii | **HSLC Marksheet &**  **Pass Certificate** |  | |  |  |
| iv | **HSSLC Marksheet &**  **Pass Certificate** |  | |  |  |
| v | **Degree Marksheet &**  **Pass Certificate** |  | |  |  |
| vi | **Professional Marksheet & Pass Certificate** |  | |  |  |
| vii | **Scheduled Tribe Certificate (Latest Format)** | | |  |  |
| viii | **Indigenous Inhabitant Certificate (Latest Format)** | | |  |  |
| ix | **Backward Tribe Certificate (if applicable)** | | |  |  |
| x | **Persons with Benchmark Disability (PwBDs) Certificate** | | |  |  |
| xi | **Experience Certificate (if any)** | | |  |  |
| xii | **Working Contact Number of the candidate** | | **Phone No 1** |  | |
|  |  | | **Alternate Phone No** |  | |

**Note** : All documents should be self attested and submitted in serialised manner as per above list. Photocopies of all documents should be in **A4 size paper**.

……………………..

*Signature of Candidate*

1. Name of Post(s) opted in order of preference:

***Attached at Annexure - V 2***

1. Declaration:

*I hereby declare that all statements made in this proforma are true and correct to the best of my knowledge and belief. In the event of any wrong information or false data submitted by me, I am liable to face disqualification.*

*I shall accept the post recommended by the Board as deemed eligible.*

|  |  |  |
| --- | --- | --- |
| **Place** | **Date** | **Signature of Candidate** |
|  |  |  |

1. For Office Use only:

|  |  |  |  |
| --- | --- | --- | --- |
| Verification | Name of the Official | Signature | Remarks |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| Allotted Post Code:  Controller of Examinations | | | |