

Model application format**1. Personal Information**

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|-----|--|---|--|
| 1.1 | Name | : | |
| 1.2 | Age (as on) (attach date of birth certificate) | : | |
| 2. | Father's Name | : | |
| 3. | Address for correspondence | : | |
| 4. | Permanent Address (attach proof of residence) | : | |
| 5. | Are you medically (physically & mentally) fit to conduct field visits? (attach a medical fitness certificate) | : | |
| 6. | Whether member of Political party? (attach a personal affidavit certified by a notary public) | : | |
| 7. | Whether convicted / charge sheeted in a criminal case? (attach a personal declaration certified by a notary public) | : | |
| 8. | Do you have responsibility of implementing MGNREGA in any capacity? | : | |

2. Professional information.

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|------|---|---|--|
| 2.1 | Highest education qualification (attach copy of certificates attested by a gazetted officer) | : | |
| 2.2 | Total no. of years of work experience (attach copy of certificates attested by a gazetted officer) | : | |
| 2.3 | Field of experience | : | |
| 2.4 | Last post / position held, if any | : | |
| 2.5 | Member of any society / professional body, if any (give details) | : | |
| 2.6. | Date of retirement (in case of Government Servant) | : | |

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|------|-------------------------------------|---|--|
| 2.7. | Post held at the time of retirement | : | |
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Declaration:

It is certified that above information furnished by me are correct. I have gone through the advertisement and the Instructions on Ombudsman" issued by the Govt. of India and Government of Tamil Nadu and understand that this is a part time work and all functions are to be carried out within the purview and confines of the MGNREGS Act, Rules and Schemes framed there under and operational guidelines /Annual Master Circular issued by Govt. of India from time to time.

Date:

Place:

Signature of the applicant:

Name of the applicant: