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APPLICATION FORM

POST APPLIED FOR : ASSISTANT LAW OFFICER (ON CONTRACT BASIS)		
CANDIDATE NAME IN FULL :	Father's/Mother's Name:	
GENDER:	DATE OF BIRTH :	AGE :
LANGUAGES KNOWN:		
<u>CORRESPONDENCE ADDRESS:</u>		
<u>PERMANENT ADDRESS:</u>		
<u>ACADEMIC PERCENTAGE:</u>		
<u>CONTACT NUMBER:</u>		
<u>Email-ID:</u>		
EDUCATIONAL QUALIFICATION: (enclose all Self-attested copies)		
Law Degree (3-year/5-year) Enclose all year/Sem Marks card- Attached <input type="checkbox"/> Yes <input type="checkbox"/> No		
Enclose Passing Certificate /Convocation issued by University- Attached <input type="checkbox"/> Yes <input type="checkbox"/> No		
University Name:		Year of Passing:
Aggregate Percentage:		
Karnataka State Bar Council Registration Number:		
Registration Date:		
Identity Card Number:		
Enclose Identity Card issued by Karnataka State Bar Council with registration number and date of registration- Attached <input type="checkbox"/> Yes <input type="checkbox"/> No		
EXPERIENCE (if any):		
• Total Professional Experience (in years): _____		
• Organization/Office Worked: _____		
• Designation: _____		
• Duration: _____		
• Specific Experience (KSAT/High Court/Civil Service Rules):		
Technical Skills		
• Computer Knowledge: <input type="checkbox"/> Yes <input type="checkbox"/> No		
• English Typing (Shorthand/Typing): <input type="checkbox"/> Yes <input type="checkbox"/> No		
DECLARATION		
I solemnly declare that the above information is true and correct to best of my knowledge and belief. I understand that, if the information furnished by me is found to be not true I will be disqualified from selection.		
NAME:		
PLACE:		
DATE:	SIGNATURE	