## APPLICATION FORM FOR THE POST OF COMMUNITY AUDITOR FOR DMMU, HOWRAH

<ol> <li>Name of the Applicant (In Capital Letter):</li> <li>Father's / Husband Name of the Applicant:</li> </ol>							Col Pass	Recent Color Passport size Photo	
3. Date of Birth:			4. Age as on 01/01/2025:				3120 1	11010	
5. Religion:			6. Sex: <b>Female</b>						
7.Permanent	Address:								
8.Communicat	tion Addres	s:							
9. EPIC No:			10. Aadhaar No:						
11. E-mail ID:									
12. Mobile Number:			13. What's App Number:						
14. i. Name of	the SHG:								
ii. NRLM /LoKOS SHG Code: iii: SHG formation Date:									
iv. NRLM /LoKOS Member Code: v. Member joining date to SHG:									
15. Education	al Qualificat	tion:							
Examination	Year of Passing	Subject		Board/ University	Total Marks	Marks Obtained	% of Marks	Division	
16. Computer	Knowledge	(Yes/No):							
I hereby decla		(103/110/.							
<ul><li>a. lam no</li><li>b. lam no</li><li>c. lam no</li><li>d. The inf</li></ul>	ot <b>full-time</b> ot <b>office bed</b> ot <b>holding P</b> ormation fu	employees under Gove arers of Sangha Coope PRI portfolios. urnished above is true found to be incorrect;	rative/U <sub>l</sub>	oa Sangha/Mah	asangha ect in best	t of my belief	fand know	rledge.	
Date:									

Place:

Full Signature of the Applicant