### Annexure

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PARLIAM (RECRUITMENT BRANCH, I				ЕΤ	ARIA		be fille	d in by l	Recrui	tment B	ranch)
	****						at	teste	d p	t s assp ograp	ort
dvt. No. 3/2023											
me of the Position applied for: CONSULTANT INTE		TER (_ indicate F				) e)					
1. FULL NAME (In Capital Letters):						I	Si	gnatui	e of o	candid	ate
First Name Middle (Exactly as mentioned in matriculation or equivalent examin								rnam			
<ol> <li>ADDRESS FOR COMMUNICATION:</li> </ol>											
						PI	N				
Tel./Mobile No(s)	e-mail	addre	SS								
6. DETAILS OF RESIDENCE DURING L RESIDED FOR MORE THAN ONE YE		YEAF	RS V	٧H	ERE	Tŀ	IE A	PPL	ICAI	NT H	IAS
ADDRESS				PE	RIO	DC	DF S	ΤΑΥ			
7. PERMANENT ADDRESS:											

8. DATE OF BIRTH: (Please enclose self-attested copy of the matriculation certificate)

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9. AGE AS ON 10	.11.2023:	Years	Months	Days
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- 10. PLACE OF BIRTH (Village/Town/City/District/State): \_\_\_\_\_
- 11.(a) DETAILS OF EDUCATIONAL QUALIFICATIONS (Matriculation onwards): (Please enclose self-attested copies of the certificates/degrees as well as marks sheets)

Exam Passed (Matriculation onwards)	Institution/ University/ Board	Subjects studied	Duration of study	Year of passing	% of marks

11.(b) DIPLOMA IN THE REGIONAL LANGUAGE(S) CONCERNED, IF ANY – (Please enclose self-attested copy of the diploma)

Diploma Course	University/ Institution	Subjects studied	Duration of Diploma course	Year of passing	% of marks

11.(c) WHETHER APPLYING ON THE BASIS OF REGIONAL LANGUAGE(S) CONCERNED AS MOTHER TONGUE? [YES NO (Please tick as applicable)] (If yes, please enclose an 'Affidavit' on non judicial stamp paper stating regional language(s) concerned as your mother tongue and duly notarized) 11.(d) DETAILS OF EXPERIENCE IN TRANSLATION OR INTERPRETATION WORK IN THE REGIONAL LANGUAGE CONCERNED, IF ANY – [Please enclose self-attested copy of the experience certificate(s)]

Name of the Organisation	Post held	Duration	Nature of duties performed

(Candidates are advised to fill-up the above columns carefully and in terms of conditions stipulated in the Advertisement to avoid rejection)

12.(a) DETAILS OF EMPLOYEE(S) RETIRED FROM THE LOK SABHA AND RAJYA SABHA SECRETARIATS, CENTRAL/STATE GOVERNMENT(S), STATE LEGISLATURE SECRETARIATS, AUTONOMOUS BODIES, CENTRAL/STATE PUBLIC SECTOR UNDERTAKING(S), SUPREME COURT OF INDIA/HIGH COURTS AND LOCAL BODIES.

Name of the Organisation	Post held	Retired from the service on	Nature of duties performed

#### (b) SERVICE IN OTHER ORGANISATIONS, IF ANY -

Name of Organisation	Status of Organisation	Nature of duties performed

13. Do you possess the essential educational qualifications as required for the position applied for? YES / NO

14. Do you possess the desirable experience as prescribed for the position applied for? YES / NO

15. Do you possess the desirable qualification?

YES / NO

### 16. **DECLARATION**:

I declare that I fulfil the eligibility conditions as per the advertisement and that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage or not satisfying the eligibility conditions according to the requirements mentioned in the advertisement, my candidature/empanelment/engagement is liable to be cancelled/terminated.

PLACE:

DATE:

## (SIGNATURE OF CANDIDATE)

Note: Applications without self-attested copies of necessary certificates/degree/mark sheets/diploma/affidavit as mentioned in column nos. 8, 11(a), 11(b), 11(c) and 11(d) (wherever applicable) and also <u>recent identical photographs</u> at the prescribed spaces in the application form will be summarily rejected.

# PARLIAMENT OF INDIA (RECRUITMENT BRANCH, LOK SABHA SECRETARIAT)

# **ATTENDANCE SHEET**

(To be filled in on a separate sheet by the candidate when submitting Application Form)

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1. 2.	Advt. No. 3/2023 Name of the Position: CONSULTANT INTERPRETER: (Please indicate Regional Language)	Affix recent self-attested passport size Photograph
		Signature of Candidate
3.	NAME (In block letters):	
4.	FATHER'S NAME (In block letters):	
5.	MOTHER'S NAME (In block letters):	
6.	ADDRESS FOR COMMUNICATION:	
		PIN

(To be filled in by the candidate at the Examination Venue)

Subject	Date of Exam.	Signature	

8.

7.

ROLL	
NO.	
(To be allotte	d by Recruitment Branch)

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