

**APPLICATION FORM FOR ENGAGEMENT AS ATTENDER (CLASS-IV)  
ON PURELY TEMPORARY BASIS IN CIVIL COURT, KHAGARIA  
(To be filled in BLOCK LETTERS only)**

Advertisement No.: \_\_\_\_/2025

Date: \_\_\_\_ / \_\_\_\_ / 2025

1. Name of the Applicant: \_\_\_\_\_

2. Father's / Husband's Name: \_\_\_\_\_

3. Date of Birth (as per Matriculation Certificate): DD \_\_\_\_ / MM \_\_\_\_ / YYYY \_\_\_\_  
(Age as on 01.10.2025: \_\_\_\_ Years \_\_\_\_ Months)

4. Gender:

☐ Male ☐ Female ☐ Others

5. Category (Tick applicable):

☐ Unreserved ☐ EWS ☐ BC ☐ EBC ☐ SC ☐ ST ☐ Other (Specify): \_\_\_\_\_

6. Permanent Address:

Village/Locality: \_\_\_\_\_ Post Office: \_\_\_\_\_

Block: \_\_\_\_\_ District: \_\_\_\_\_ State: \_\_\_\_\_ PIN: \_\_\_\_\_

7. Present / Correspondence Address: \_\_\_\_\_

(Same as above ☐ Yes / ☐ No)

8. Educational Qualification:

Exam	Board/Institution	Year of Passing	Marks Obtained	Total Marks	Percentage
Matriculation (10th)					

9. Aadhar Number: \_\_\_\_\_

10. Mobile Number: \_\_\_\_\_

11. Email (optional): \_\_\_\_\_

List of Documents Enclosed (Self-attested):

✓ Matriculation Certificate & Mark-sheet

✓ Age Proof

✓ Residential Certificate

✓ Caste Certificate (if applicable)

✓ Aadhar Card

✓ Passport-size Photograph (02 copies)

✓ Annexure-B (Self-Declaration)

Declaration by Applicant:

I hereby declare that the information furnished above is true and correct. If any information is found false, my candidature may be cancelled.

Date: \_\_\_\_ / \_\_\_\_ / 2025

Place: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

**SELF-DECLARATION**

I, \_\_\_\_\_, S/o / D/o / W/o \_\_\_\_\_,  
resident of \_\_\_\_\_, declare:

1. I have applied for engagement as Attender (Class-IV) in Civil Court, Khagaria.
2. I have never been convicted, nor any criminal case is pending. (If pending, mention details.)
3. I have never been dismissed or removed from government or public employment.
4. All documents submitted are true and genuine.

Verification:

I verify that the above statements are true.

Date: \_\_\_\_ / \_\_\_\_ / 2025

Place: \_\_\_\_\_

Signature of Declarant: \_\_\_\_\_

Full Name: \_\_\_\_\_

Mobile No.: \_\_\_\_\_