## **ANNEXURE - II**

## APPLICATION FOR THE POST OF ASSISTANT AUDIT/ACCOUNTS OFFICER, ASSISTANT SUPERVISOR, SR. ACCOUNTANT / SR. AUDITOR / ACCOUNTANT / AUDITOR, CLERK

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तारीख/Date:	
स्थान/Place:	
	(आवेदक के हस्ताक्षर/Signature of Applicant)

यह प्रमाणित किया जाता है कि उपरोक्त दिए गए विवरण कार्यालय रिकॉर्ड के अनुसार सही हैं। It is certified that the above particulars furnished are correct as per office records.

> विभागाध्यक्ष के हस्ताक्षर (मोहर के साथ) Signature of the Head of the Department (with stamp)