

**FORM OF APPLICATION FOR APPOINTMENT TO THE POST
OF LEGAL ADVISOR, LEGAL CONSULTANT IN COMMISSONRATE OF
HEALTH AND FAMILY WELFARE SERVICES, AROGYA SOUDHA,
MAGADI ROAD, BANGALORE-560023**

NOTIFICATION NO:-DHS /WRIT/04/2023-24 D:05.01.2024.

TO,

THE DIRECTOR
HEALTH AND FAMILY WELFARE SERVICES,
AROGYA SOUDHA, MAGADI ROAD,
BANGALORE-560023.

AFFIX
PASSPORT
SIZE PHOTO

1	Name of the Applicant (in block letters as in SSLC or equivalent certificate)	
2	Name of the father / Husband	
3	Gender	
4	Date of Birth (as mentioned in SSCL or equivalent certificate)	
5	Age (in years)	
6	Permanent Postal address	
7	Present Postal address	

8	Telephone No. (Landline with STD Code)	
9	Mobile No.	
10	E-mail	
11	Date of Enrolment with Karnataka State Bar Council	
12	Enrolment Number	

EDUCATIONAL QUALIFICATION:

a) LL.B

13	Name of the University from where LL.B. degree is secured	
14	Year of Passing	
15	Percentage (Aggregate of all the years / semesters)	

16. MARKS SECURED IN LL.B

Semester / Year	Marks Secured	Maximum Marks	Semester	Marks Secured	Maximum Marks
I			VI		
II			VII		
III			VIII		
IV			IX		
V			X		
			Total of all Semesters		

17	Other Qualifications (If any):	
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18	Achievements in LLB, (Shall be accompanied with relevant certificate)
	1. 2.
19	Achievements in Co-Curricular activities (Shall be accompanied with relevant certificate)
	1. 2.

I do hereby. Solemnly and sincerely affirm that the statement made and the information furnished above is true to the best of any knowledge and belief. If any information furnished is false in material particulars, I realise that my candidature to the Post of Legal Advisor, and Legal Consultant will be cancelled

PLACE:

DATE:

SIGNATURE OF THE CANDIDATE