

GOVERNMENT OF INDIA
INCOMETAX DEPARTMENT
PRINCIPLE CHIEF COMMISSIONER OF INCOME TAX, W.B. & SIKKIM

**APPLICATION FOR APPEARING IN THE DEPARTMENTAL MINISTERIAL
STAFF EXAMINATION - 2016**

FOR OFFICE USE ONLY
Eligible/Ineligible

ROLL NO ALLOTTED



Dated Initials of
Authorised Officer

Signature of Authorised
Officer

Affix passport photo

1. Name & Designation of the Candidate (In Block Letters) : _____
2. Name of the Examination : _____
3. Whether for Promotion or Confirmation : _____
4. Date of Birth : _____
5. Date of Joining in this Department : _____
6. Whether SC/ST/OBC : _____
7. C.I.T. Charge : _____
8. Office & Present Place of Posting : _____
9. Roll No. Allotted in earlier year : _____
10. M.T.S. (Passed Deptt. Computer Skill Test) : _____
[Date of passing and Sl.No. of the result]

11. Details of performance in the earlier year :

| | Paper-I | Paper-II | Paper-III | Paper-IV | Paper-V |
|-------|---------|----------|-----------|----------|---------|
| Year | | | | | |
| Marks | | | | | |

12. Subjects in which the candidate intends to appear : _____
13. Contact No. (Office Mobile) : _____

Declaration by the Applicant : I here by solemnly and sincerely affirm that statement made and information furnished by me in the application form is true and correct. I have not concealed any information. However, if any information furnished herein is fraudulent, incorrect or untrue. I understand that I am liable to prosecution. Further, I agree to abide by the rules and regulations governing Departmental Examination. I further affirm that I am eligible to appear in the examination in terms of designation, no of chances etc. & that I have not been specifically debarred from appearing in 2016 Departmental Examination.

Place :

Dated :

(Signature & Designation of the Candidate)

ENTRANCE CARD



To be Attested by the
Issuing Authority

1. Name of the Examination :: _____
2. Name of the Candidate :: _____
3. Subjects in which appearing :: _____
4. Specimen signature of the Candidate :: _____
5. Examination Centre :: _____

Roll No.-----

Dated :

Signature of the Issuing Authority and Seal