## OFFICE OF THE JUDGE, SPL. (CBI) COURT NO. 3,

&

## 2<sup>nd</sup> SPL. NIA COURT, CALCUTTA BICHAR BHAWAN (2<sup>nd</sup> Floor),

2 & 3 Bankshall Street, Kolkata-700001.

## **NOTICE**

Dated:18.05.2022

Applications are invited for the posts of Bench Clerk-I (GR-C) (01 post) and Clerk-cum-Typist (GR-C) (01 Post), from Indian citizens having requisite qualification as stated below:

- i) Age: Not less than 18 years and not more than 40 years as on 01.01.2022. Upper age limit is relaxable by 2 years for PH candidates, 3 years for BC candidates and by 5 years for SC and ST candidates.
- ii) Minimum Educational Qualification for Bench Clerk-I is passed in Higher Secondary or equivalent examination with sufficient knowledge in Computer typing and application.
- iii) Minimum Educational Qualification for Clerk-cum-Typist is passed in Madhyamik or equivalent Examination from any recognized Board with proficiency in English Typing.

The appointment shall be made purely on contractual basis for a period of one year and the contract may be terminated on one month's notice from either side.

The Group-C employees shall be paid a consolidated remuneration of Rs 10,000/-(Ten Thousand) per month and no other allowances shall be paid to them.

Desiring candidates are requested to submit application in the FORM prescribed hereunder, addressed to the undersigned with necessary particulars, self-addressed envelope with postage stamp or Rs 10/- affixed on it, and supporting documents which must reach to the office of the undersigned within 31.05.2022. Incomplete applications and applications received after the scheduled date shall be rejected without assigning any reason.

Inform all concerned

Judge 18/03

Spl. (CBI) Court No. 3 & 2<sup>nd</sup> Spl. NIA Court, Bichar Bhawan (2<sup>nd</sup> Floor),

2 & 3, Bankshall Street, Kolkata-700001.

## APPLICATION FORMAT

SPACE FOR PASSPORT SIZE PHOTOGRAPH

| 1.   | Post applied for                       | : Be      | : Bench Clerk-I / Clerk-cum-Typist |               |         |          |         |          |                                      |                                        |            |          |        |
|------|----------------------------------------|-----------|------------------------------------|---------------|---------|----------|---------|----------|--------------------------------------|----------------------------------------|------------|----------|--------|
|      | Name                                   |           | (First Name) (Midd                 |               |         |          |         | ame)     |                                      |                                        | (Surname)  |          |        |
|      | (IN BLOCK LETTERS)                     |           |                                    | (Middle Name) |         |          |         |          |                                      |                                        |            |          |        |
|      |                                        | Name.     |                                    |               |         |          |         |          |                                      |                                        |            |          |        |
| 4.   | Address PRESENT :                      |           |                                    |               |         |          |         |          |                                      |                                        |            |          |        |
|      | P.O.                                   |           | Dist.                              |               |         |          |         |          | Pin                                  |                                        |            |          |        |
|      | DEDMANENT .                            |           | Dist.                              |               |         |          |         |          |                                      |                                        |            |          |        |
|      |                                        |           |                                    | Dist          |         |          |         |          | rm                                   |                                        |            |          |        |
| 5.   | Date of Birth                          | ••        | :                                  |               |         |          |         |          |                                      |                                        |            |          |        |
|      | (According to Madhy equivalent examina | yamık o   | r<br>tificato)                     | D             | D       | M        | M       | Y        | Y                                    | Y                                      | Y          |          |        |
| 6    | Actual age as on 01.                   | 01 2022   | ·                                  | D             |         |          |         |          |                                      |                                        | -          |          |        |
| υ.   | Actual age as on oi.                   | 01.2022   | •                                  |               |         |          |         |          |                                      |                                        |            |          |        |
| 7    | Contact Details                        | • т       | : Telephone No. (STD Code)         |               |         |          |         |          |                                      |                                        |            |          |        |
| 1.   | Contact Details                        |           | Mobile No.                         |               |         |          |         |          |                                      |                                        |            |          |        |
| o    | Whether belongs to                     |           | Toolic 140.                        | J             |         |          |         |          | (please tick √ in appropriate place) |                                        |            |          |        |
| 0.   | whether belongs to                     |           | GEN                                | SC            |         | ST       | (       | OBC      |                                      | (to be supported by attested documents |            |          |        |
|      |                                        |           |                                    |               |         |          |         |          | 1                                    |                                        |            |          |        |
| 0    | Gender                                 |           |                                    | MALE FEM      |         | MALE     | (-      | aleace   | lease tick √ in appropriate place)   |                                        |            |          |        |
| 9.   | Gender                                 | :         |                                    | WALE FEW      |         |          | IVITALL |          |                                      |                                        |            |          | Jicasc |
| 10   | Nationality:                           |           |                                    |               |         |          |         |          |                                      |                                        |            |          |        |
|      | Religion :                             |           |                                    |               |         |          |         |          |                                      |                                        |            |          |        |
|      | Qualification                          |           |                                    |               |         |          |         |          |                                      |                                        |            |          |        |
| 14.  | A. ACADEMIC :- (a                      | ttested r | hotoconie                          | s of all      | the ce  | ertifica | ates mi | ust be : | attack                               | ned)                                   |            |          |        |
|      | N. NCADEIVIC (a                        | itested p | motocopic                          | 3 OI UII      | tire et |          |         | ust oc i | 1                                    | Percei                                 | ntage      |          |        |
| Sl.  | Examination Passed                     | d         | Name of                            |               |         |          |         | Year of  |                                      | aggregate marks Remar                  |            |          |        |
| No.  | Examination I assed                    |           | School/Board/Uni                   |               |         | versity  |         | Exam     |                                      | obtained                               |            | Remarks  |        |
|      |                                        | -         |                                    |               |         |          | -       |          | -                                    | Ootai                                  | iicu       |          |        |
|      |                                        |           |                                    |               |         |          |         |          | -                                    |                                        |            |          |        |
|      |                                        |           |                                    |               |         |          | _       |          | -                                    |                                        |            |          |        |
|      |                                        |           |                                    |               |         |          |         |          |                                      |                                        |            |          |        |
|      | D. COMPUTED KN                         | OWI EF    | VOE.                               |               |         |          |         |          |                                      |                                        |            |          |        |
|      | B. COMPUTER KNO<br>(to be supported b  | JWLEL     | OGE:-                              |               |         |          |         |          |                                      |                                        |            |          |        |
|      | Documents/certif                       | •         | sary                               |               |         |          |         |          |                                      |                                        |            |          |        |
|      | Documents/certif                       | ileates)  | -                                  |               |         |          |         |          |                                      |                                        |            |          |        |
|      | C. ENGLISH TYPIN                       | G :-      |                                    |               |         |          |         |          |                                      |                                        |            |          |        |
|      | <b>PROFICIENCY</b>                     |           |                                    |               |         |          |         |          |                                      |                                        |            |          |        |
|      | (to be supported b                     | •         | sary                               |               |         |          |         |          |                                      |                                        |            |          |        |
|      | Documents/certif                       | ficates)  |                                    |               |         |          |         |          |                                      |                                        |            |          |        |
|      |                                        |           |                                    |               |         | RATI     |         |          |                                      |                                        |            |          |        |
|      | I solemnly declare                     |           |                                    |               |         |          |         |          |                                      |                                        |            |          |        |
| bes  | st of knowledge and be                 | lief and  | the event                          | of any i      | nforn   | nation   | being   | found    | false                                | my ca                                  | ındidature | shall be |        |
| lial | ole to be cancelled. Ori               | ginal do  | cuments,                           | certifica     | ates w  | ill be   | produ   | ced on   | dema                                 | and.                                   |            |          |        |
| Da   | te:                                    |           |                                    |               |         |          |         |          |                                      |                                        |            |          |        |
| Pla  | ce:                                    |           |                                    |               |         |          |         |          |                                      |                                        |            |          |        |
|      |                                        |           |                                    |               |         |          |         |          |                                      |                                        |            |          |        |

(Full signature of the candidate)