

ANNEXURE- A

**Proforma for application for the post of Chairperson & Members of Lokayukta
(The Odisha Lokayukta Act, 2014 and the Odisha Lokayukta (terms of the Search
Committee and conditions of appointment of Members and fees and allowances payable
to its Members) Rules, 2018 as available in the portal
www.odishalokayuktasearchcommittee.in must be read carefully before filling in the
Application form.)**

(No column in the application should be left blank. Every column should contain complete information as asked for, or indicate "NIL" in case of non-applicability)

Please affix
the latest
passport size
photograph

| | | | | |
|-----|---|--|--------|------|
| 1. | POST APPLIED FOR: (Please indicate whether the application is for the post of Chairperson or for the post of Member in the Lokayukta. In case you intend to apply for both the posts, please use separate application forms.) | CHAIRPERSON / MEMBER (Select whichever is applicable) | | |
| 2. | In case the application is for the post of Member, please indicate whether the application is for the post of Judicial member or Non-Judicial member. | JUDICIAL MEMBER/ NON-JUDICIAL MEMBER (Select whichever is applicable) | | |
| 3. | Name of the Applicant (In Block Letters) | First | Middle | Last |
| 4. | Father's Name | | | |
| 5. | Date of Birth | Date/Month/Year | | |
| 6. | Gender | Male/ Female (Select whichever is applicable) | | |
| 7. | Whether the applicant belongs to SC/ST/OBC/Minorities/Others. If yes, please indicate the category. | Scheduled Castes/ Scheduled Tribes/ Other Backward Classes/ Minorities/Others (Select whichever is applicable) | | |
| 8. | Present Address: | | | |
| 9. | Permanent Address: | | | |
| 10. | Contact Details Telephone No. (with STD) Mobile No. Fax No. E-mail ID | | | |

| | | | | |
|-----|---|---|--------------------------|--------------|
| 11. | Educational Qualifications (Separate Sheet may be enclosed) | Qualifica- -tion | Year | Institution |
| | | Graduation | | |
| | | Post- Graduation | | |
| | | Others | | |
| 12. | Area of special knowledge and expertise and years of experience (Separate Sheet may be enclosed) | Text within 500 characters with attachment, if any | | |
| 13. | Present Occupation | | | |
| 14. | Detailed curriculum vitae including work experience and other achievements. (Please attach a separate statement within one page) | Desig- -nation | Years of Experience | Organisation |
| | | | | |
| | | | | |
| 15. | Identification | Identificati on Type | Identification Number | |
| | | Aadhar/ Driving Licence/ EPIC/ PAN (Select any one and attach PDF copy) | | |

DECLARATION

I, _____, the applicant hereinabove, hereby declare that the particulars given above and in the attached statements are true and correct to the best of my knowledge and belief. I also understand that application is liable to be rejected in case any of the information contained in this application is found incorrect.

I further declare that I do not suffer from any of the disqualifications as prescribed under Section 3(4) of the Odisha Lokayukta Act, 2014.

Date:

Signature

Place :

Name :

In case of Nomination

I declare that the person nominated does not suffer from any of the disqualifications as prescribed under Section 3(4) of the Odisha Lokayukta Act, 2014.

Signature
Name and Designation
of the Nominating Authority