

FORM FOR REDRESSAL OF GRIEVANCES FOR ARS/LDC OR BOTH

NAME:-

FATHER'S NAME/HUSBAND'S NAME -

Date Of Birth –

POST APPLIED FOR:- ARS /LDC /BOTH

APPLICATION CODE NO.: -FOR LDC:

FOR ARS:

GROUND OF REJECTION –

DOCUMENTS SUBMITTED FOR CONSIDERATION OF CANDIDATURE:-

- 1.
- 2.
- 3.

Signature of Candidate

Contact No

.....

RECEIPT

Received grievances in r/o Shri/Smt .....  
for the post of ARS/LDC/Both on .....(date)

Name and sign of receiving Official

Seal