

**GOVERNMENT OF ASSAM**  
**DEPTT. OF LABOUR AND EMPLOYMENT, ASSAM**

**EMPLOYMENT EXCHANGE** .....

CATEGORY : SC/ST/EX-S/PH/.

**I D E N T I T Y C A R D**

(Not an Introduction Card for interview with employer)

1. Name :-.....
2. Date of Birth :-.....
3. Date of Registration :-.....
4. Registration No :-.....
5. Qualification :-.....
6. N.C.O. Code No :-.....
7. Occupation :-.....
8. Prominent Identification Mark :-.....

(Signature of theApplicant)

Countersigned

| Next renewal due<br>(in month & year) | Dated signature of<br>renewal clerk | Next renewal due<br>(in month & year) | Dated signature of<br>renewal clerk |
|---------------------------------------|-------------------------------------|---------------------------------------|-------------------------------------|
|                                       |                                     |                                       |                                     |

Return this card when you no longer require employment assistance after the following entries.

I have secured employment with .....

.....

(Name of Employer)  
through 'you' my own effort.  
I no longer require employment assistance.

Affix postage stamp here

To,

The .....

.....

P.O. ....

Assam Schedule LXIII. Form No. 1

|  |   | PY       | CL                        | XL                            |                                   |         |
|--|---|----------|---------------------------|-------------------------------|-----------------------------------|---------|
| 1. Regd. No.   | 3. Date of Re-<br>newal   |          |                           |                               |                                   |         |
| 2. Date of Regm. / Re-Regn.                                      |   |          |                           |                               |                                   |         |
| 3. Date of Renewal   | 5. Date year<br>of  | *M       | 7. (a) Recommendad<br>No. | 8. Trade Index                |                                   |         |
| (a) Name in full (Block letters)                                 |   |          | *W                        |                               | (b) Alternative<br>Occupation (s) |         |
| (b) Father's name  |   |          |                           |                               | *S                                |         |
| 4. Religion      10. Caste                                       |   |          |                           |                               |                                   |         |
| 11. Full Postal Address :  | 13. General and technical educational qualification / detail of<br>Apprenticeship served. |          |                           |                               |                                   |         |
| 12. Temporary Address (if different from<br>above)               | Exam (s)  | Subjects | Class                     | Institution                   | Rate                              | Remarks |
| 14. Physical fitness Eye sight .....                             |   |          |                           |                               |                                   |         |
| Height ..... Weight ..... Chest .....                            |   |          |                           |                               |                                   |         |
| 15. Language   | R   | S        | W                         | 17 Minimum<br>salary expected |                                   |         |
|  |   |          |                           | Local .....                   |                                   |         |
|  |   |          |                           | Outside .....                 |                                   |         |
|  |   |          |                           |                               |                                   |         |
| 16. If previously regis-<br>tered state Exchange and<br>Regn No. | 18. Whether<br>willing to work<br>anywhere? If<br>so, state                               |          |                           |                               |                                   |         |
| special Qualification  |   |          |                           |                               |                                   |         |

Not to be filed by applicant

Delete in applicable items.

Not to be filed by applicant

10. Record of Employment

| Employers | Nature of work | From | To | Pay on leaving | Remarks |
|-----------|----------------|------|----|----------------|---------|
|           |                |      |    |                |         |
|           |                |      |    |                |         |
|           |                |      |    |                |         |
|           |                |      |    |                |         |

10. (a) Present employment

22. The Information recorded has been read over by me and certify it to be true. I am informed that in the event of it being found that I have deliberately given false particulars, the facts will be brought to the notice of the employer which may entail loss of my job.

Record of Submission

Signature (or thumb impression)

| Date Submitted | Employer/ Vacancy Exchange | Order No. | Trade Index No. | Result and Remarks (If engaged) Indicate pay (If not engaged, give reasons) |
|----------------|----------------------------|-----------|-----------------|---|
|                |                            |           |                 |   |
|                |                            |           |                 |   |
|                |                            |           |                 |   |
|                |                            |           |                 |   |
|                |                            |           |                 |   |
|                |                            |           |                 |   |
|                |                            |           |                 |   |
|                |                            |           |                 |   |
| 27             |                            | 28        |                 | 29  |

21.If member of Union name of Union and Brance of which a number  
12. A. Insured under S.S.I.

Yes  No.

24. For Official use Period of unemployment.....

Years ..... Month .....

25. Regn/ Re-Regn Checked by

26. Transferred to Dead Register

Reason