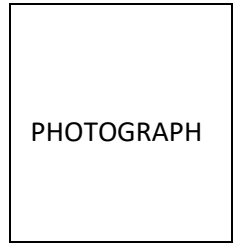


(FORM II)

(Rule 4(2))



1. Name _____

2. Father's/Husband's name _____

3. Date of birth _____

4. Whether SC/ST/OBC/General/Disabled _____

5. Address(Residence) _____

_____ PIN _____

Telephone _____ Fax _____ E-mail _____

Address(office) _____

_____ PIN _____

Telephone _____ Fax _____ E-mail _____

6. Educational qualifications _____

7. Date of joining government service _____

8. Date of retirement _____

9. Post held at the time of retirement _____

10. Area where the memorialist intends to practice as Notary _____

Signature of the applicant

Dated _____ day of _____ 20 _____