

RAJASTHAN STATE JUDICIAL ACADEMY

Near Jt. Director Office, Medical Department, Jhalamand Circle,
Old Pali Road, Jodhpur- 342013, Phone : 0291-2720107, 2720108, 2721787, 2721788
Email : rsjadir-jod-rj@nic.in Website: rajasthanjudicialacademy.nic.in

PERSONAL INFORMATION SHEET

Merit No:

1.	Name of the trainee officer		Paste your latest PP Size Photograph	
	(a) In English			
	(b) In Hindi			
2.	Father's/Husband's Name			
	(a) In English			
	(b) In Hindi			
3.	Mother's Name			
	(a) In English			
	(b) In Hindi			
4.	Date of Birth			
5.	Marital Status			
6.	Home District			
7.	Present Address			
8.	Permanent Address			
9.	Contact Details			
	(a) Mobile No.			
	(b) Land Line No. (If any)			
	(c) E. Mail Id.			
10.	Educational Qualification			
11.	Blood Group			
12.	References of two persons to contact in case of emergency	S.No.	Name	Mobile No.
		1.		
		2.		
13.	Language Preference (Hindi/ English)			
14.	Had you been employed in Court (If yes, mention details)			
	(a)	Post Held		
	(b)	Duration/Period		
15.	Have you practiced as an advocate (If yes, mentioned details)			
	(a)	Place of Practice		
	(b)	Duration/ period		

16.	PAN No.	
17.	AADHAR No.	
18.	BHAMASHAH Card No.	
19.	Saving Bank Account Details	
	(a) Account No.	
	(b) Name of Bank	
	(c) Branch Address	
	(d) IFSC Code No.	
20.	Strong Points of your judicial knowledge	
	(a) Academic Aspect	
	(b) Practical Aspect	
21.	Weak Points of your judicial knowledge	
	(a) Academic Aspect	
	(b) Practical Aspect	
22.	Your expectations from the Induction Training	
23.	Any other information you wish to share	
Date:		(Signature) Name :