

PROFORMA FOR APPLICATION

APPLICATION FOR THE POST OF _____ in _____ Unit

- (1) Post applied for : _____
- (2) Name of Candidate : _____
(In Block letters)
- (3) Father's Name : _____
- (4) Date of Birth : _____ / _____ / _____
(attach copy of Birth Certificate self attested)
- (5) Age as on the last date : Years _____ Months _____ Days _____
prescribed for receipt of application
- (6) Address for correspondence
House No/Street/Village _____
Post Office _____ Distt _____
State _____ Pin Code _____
- (7) Permanent Address
House No/Street/Village _____
Post Office _____ Distt _____
State _____ Pin Code _____
- (8) Caste: Gen/OBC/SC/ST : _____
(attach self attested certificate in case of SC/ST/OBC)
- (9) Educational Qualification : _____
(attach education certificate self attested)
- (10) Any other Qualification/Experience : _____
- (11) Category for which applied : Gen(UR)/OBC/SC/ST/EWS/Ex-Serviceman/Meritorious Sport person /Physically Handicapped _____
(attach self attested copy)
- (12) Technical Training/Experience : _____
- (13) Domicile : _____
(attach self attested copy)
- (14) Whether registered with any Employment Exchange: Yes/No
(If yes, mention Registration No and Name of employment exchange)
- (15) I hereby certify that above particulars mentioned in the application are correct and true to the best of my knowledge and belief, if particulars mentioned by me are found false at any stage then I shall be liable to be terminated without any notice.

Paste a self attested Photograph

Date:

Signature of candidate

FOR OFFICIAL RECORD ONLY

1. Received on _____
2. Accepted/Rejected _____
3. Reason for rejection: Underage/Overage/incomplete documents/Any other reason to be specified _____
4. Index No: _____ Date of Test / skill / practical / physical test.

Acknowledgement Card

Post of _____

- (1) Name : _____
- (2) Father's Name : _____
- (3) Address for correspondence (To be filled same as per Column 6 of application form)
House No/Street/Village _____
Post Office _____ Distt _____
State _____ Pin Code _____
- (4) Index No: _____ Date and Time of Test / skill / practical / physical test _____
- (5) Venue of Written Test / skill / practical / physical test _____

Paste a self attested Photograph

Signature of Controlling Officer