

**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)**Paste a self  
attested  
Photograph**(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 \_\_\_\_\_ Dist \_\_\_\_\_  
State \_\_\_\_\_ Pin Code \_\_\_\_\_**(7) Permanent Address**House  
No/Street/Village \_\_\_\_\_  
Post Office \_\_\_\_\_ Dist \_\_\_\_\_  
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 / \_\_\_\_\_ (attach self-  
Physically Handicapped \_\_\_\_\_ 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.

**Date:** \_\_\_\_\_\_\_\_\_\_  
**Signature of candidate**

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**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 \_\_\_\_\_
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**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)

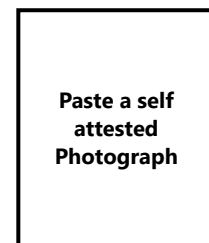
House No/Street/Village \_\_\_\_\_

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 \_\_\_\_\_



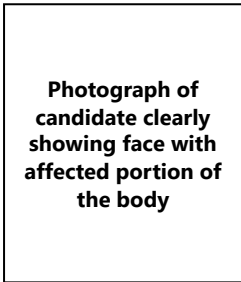
\_\_\_\_\_  
**Signature of Controlling Officer**

**ANNEXURE-II**

**Form of Medical Certificate to be produced by the Persons with Benchmark Disabilities candidates who seek exemption from appearing in the Typewriting Test**

This is to certify that Sh./Smt./Kum. \_\_\_\_\_ son/daughter/wife of Shri \_\_\_\_\_ is suffering from \_\_\_\_\_. Clinical diagnosis as a result of which he/ she has the following disabilities. (Brief description of his/her disabilities)

\_\_\_\_\_ . This is a permanent disability and the extent of his/ her disability works out to \_\_\_\_\_ % of disability. This disability is likely to interfere with Typewriting (specify) \_\_\_\_\_ .



**Signature of Civil Surgeon:**

Name: \_\_\_\_\_

(Official Stamp) \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_

**Signature of candidate:**

Name: \_\_\_\_\_

Roll Number: \_\_\_\_\_