

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-Servicemen / PwBD..... (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.

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 -----

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) _____

Photograph of candidate
clearly showing face
with affected portion of
the body

Signature of Civil Surgeon:

Name:
(Official Stamp)
Place:
Date:

Signature of candidate:

Name:

Roll Number:

CBC 10801/11/0011/2526

EN 7/106