

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 last date prescribed : Years _____ Months _____ Days _____
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 copy of 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 _____ (attach self attested copy)
[Gen (UR)/OBC/SC/ST/EWS/Ex-Serviceman/Meritorious Sport person / Physically Handicapped]
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.

**Self Attested
Photograph
Paste Here**

Place : _____

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 _____

**Photograph
Paste Here
[Self Attested]**

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