

## 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 \_\_\_\_\_

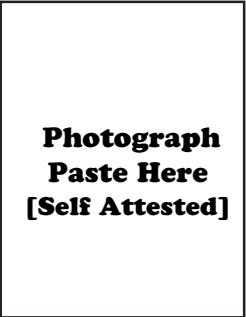
**ACKNOWLEDGEMENT CARD**

Post of \_\_\_\_\_

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