

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 _____ 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 /
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

ANNEXURE-II

- 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

**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 10801/11/0009/2627