APPLICATION FORMAT

	(To be filled by the ca									ng	in	ca	pit	al lo	etto	ers	s)		af pas ph	fix ssp note	re ort	tes cen t siz rapl	it ze h	
Vle	dium for Written test (Er	nglish / Hindi)				_												a	t tł	ne 1	top		
1	NAME OF CANDIDATE (As recorded in the Matric/ Se Certificate)	condary School			and the second s								2								X.		Ι	1
	and the state of t	ATHER'S/HUSBAND'S NAME							1			i i			1									J
ADDRESS															I T								<u> </u>	
	FULL POSTAL ADDRESS FOR COMMUNICATION (With Pin code No.)															T L							5	
	DATE OF BIRTH	ATE OF BIRTH					DA'	Y		M	ON.	ГН			L	Y	ÆA	R				I	I	1
·	CATEGORY (Please tick)			S	C	ST O		С	GEN	T	EXSM		P	WD		f P\	WD, spec			fy V	'H/ŀ	IH/O	Н	
	STATE OF DOMICILE													I	I						5 2	11.2		_
	NATIONALITY	ia/880 a musada													L							1	× >-	8
. Educational Qualification (Matric/SSC on Name of Board / Institute		T	Exam Passed					Duration Of Course						Year of Passing				1	% of Marks Obtained					
				Se Hole 12					<u>S</u>			0 0												
. D	etails of employment, If any		2	v n			1 5						-	14 10			le s n	78	!				100°	
	lame & Address of Post held		Nature of job					Period of service From To							Salary / month				Reason for leaving					
10.	Demand Draft Details : DD	No.		T	T	T		71	Name	e of	Iss	uin	ıg B	ank							2			
Date of Issue										2 0 1 1 Name of Issuing Br										- T	31			1
app nfo	reby declare that I have read lication are true, complete and rmation given herein being for ement/discrepancy in the particular transfer in the particular	correct to the bund false or in	est o	of my ect, n	y kno ny c	owled candid	lge a datur	rtise nd b	ment elief	e t	unde o b	erst	and cand	that	in dar	the nd	eve in t	ent he	of a	any ent	pai of	rticul any	lar o	or s-
) Date	9 1	Place:			•••						Sig	gna	iture	L						-	F. 1			
2. cons	Candidates must write name of the In case of SC/ST/OBC/PWD/Exsidered without any relaxed criteria a) Certificate of proof of caste b) Certificate of proof related t	Servicemen, copie i. issued by Compet o Person with Disa	es of ent A	the author	follov ity. x-Sei	ving (docur nen.	nents	are	to	be a	atta	ched		ling	whi	ch f	the	арр	olica	tion	wou	ıld b	ю
4. A	Il certificates in support of education pplications received after due date work of OF ANNEXURES: 1. 2.		ejecte		oirth,		emplo 5.	ymer	nt etc 6.		be :	atta	ched	İ								i in office the the time		