

APPLICATION FORMAT

(To be filled by the candidates in his/her own handwriting in capital letters)

Candidates to
affix recent
passport size
Photograph

I hereby apply for the post of _____
reserved for person with disabilities (PWD) having disability of hunch-back or deformity of chest.

1	NAME OF CANDIDATE (As recorded in the Matric/ Secondary School Certificate)	<input type="text"/>											
2	FATHER'S/HUSBAND'S NAME	<input type="text"/>											
3	FULL POSTAL ADDRESS FOR COMMUNICATION (With Pin code No.)	<input type="text"/>											
4	DATE OF BIRTH	DAY		MONTH		YEAR							
	AGE AS ON 01/4/2011	YEARS				MONTHS							
5	SEX (Please tick)	MALE		FEMALE									
6	CATEGORY (Please tick)	SC	ST	OBC	GEN								
7	TYPE OF DISABILITY (Please tick)	HUNCH BACK		DEFORMITY OF CHEST									
8	NATIONALITY												
9	STATE OF DOMICILE												
10	RELIGION												
11	CONTACT NO. (Telephone (with STD code/ Mobile)												
12	E-MAIL ID												

13. EDUCATIONAL QUALIFICATION (MATRIC/CLASS XTH ONWARDS):

Qualification : (Academic, Technical, Professional & computer related, if any)	Name of Board / Institute	Duration Of Course (in years)	Month and Year		% of Marks Obtained
			Joining course	Passing course	

14. DETAILS OF EMPLOYMENT, IF ANY

Name & Address of Employer	Post held	Nature of job	Period of service		Salary / month	Reason for leaving
			From	To		

I hereby declare that I have read all the conditions mentioned in the advertisement and I fulfill the same. The statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any particular or information given herein being found false or incorrect, my candidature is liable to be cancelled and in the event of any mis-statement/discrepancy in the particulars being detected after my appointment, my service is liable to be terminated without any notice to me.

Date: Place: Signature.....

Note:

- Candidates must write name of the post applied for on the top of envelope containing application form.
- Candidate must submit a Medical Certificate issued by a Medical Board attached to the Special Employment Exchange/Vocational Rehabilitation Centre for PWD or Head of concerned Department of a Government Civil Hospital pertaining to disability claimed.
- In case of SC/ST/OBC candidate must submit a valid certificate of proof of caste issued by Competent Authority.
- No other certificate to be attached**