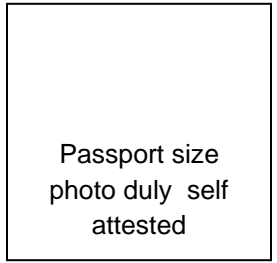


FORMAT FOR APPLICATION

To,

The Commandant,
Headquarters
Artillery Centre
Nasik Road Camp
PIN – 422102



APPLICATION FOR THE POST OF : _____ **IN CATEGORY** _____

| | | | | | |
|-----|--|--------------------|------|---|---------------------------------------|
| 1. | Please refer to your Advertisement given in News Paper “ _____ ” dated _____ | | | | |
| 2. | Name in full (Block Capital letters) | | | _____ | |
| 3. | Father’s Name / Husband’s Name | | | _____ | |
| 4. | Sex | | | _____ | |
| 5. | Date of birth (As in Matriculation Certificate) (Attested copy of certificate as a Proof of age to be enclosed) | | | _____ | |
| 6. | Present age as on closing date of receipt of application | | | Years _____ | Months _____ Days _____ |
| 7. | Marital Status | | | _____ | |
| 8. | Nationality | | | _____ | |
| 9. | Religion / Caste / Sub- caste (Attested copy of certificate of proof of Caste) | | | _____ | |
| 10. | Passed Examination | Board / University | Year | Marks Obtained | Percentage of Marks |
| | 10 th / SSC | | | | |
| | 12 th / HSC | | | | |
| | Any other | | | | |
| 11. | If applied for PHP Category :- (Certificate for disability required to be attached duly attested) | | | Type of disability (As per RPwD Act 2016 as per clause a, b, c, d&e) | % of Disability |
| | | | | | |
| 12. | Experience certificate if any | | | _____ | |
| 13. | Choice / Option of Typing / Skill test (for LDC only) | | | _____ (Hindi / English) | |
| 14. | Employment Registration Card No and Date with District if any | | | _____ | |
| 15. | Address for communication with PIN Code. | | | _____ | |
| 16. | Mobile No and E-mail address (if any) | | | _____ | |

DECLARATION

I, Shri/ Smt / Kumari _____ hereby declare that all the statements made in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false / incorrect or being detected ineligible before or after the written test/aptitude test, my candidature is liable to be rejected or any misstatement / discrepancy detected after my appointment, my services are liable to be terminated without any notice to me.

Place :

Date :

(Signature of the applicant)