

**MINISTRY OF DEFENCE**

**ARMY AIR DEFENCE COLLEGE, GOLABANDHA (ODISHA)**

**APPLICATION FORM**

(Affix  
passport size  
attested  
photograph)

1. Post applied for: \_\_\_\_\_
2. Category for which applied : **Unreserved/ Scheduled Caste**
3. Full Name (in Block letters) : \_\_\_\_\_
4. Sex : \_\_\_\_\_
5. Father's/ Husband's Name : \_\_\_\_\_
6. Date of Birth : \_\_\_\_\_
7. Age as on last date of application: \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days.
8. Nationality : \_\_\_\_\_
9. Religion : \_\_\_\_\_
10. Marital Status : Married/Unmarried
11. Educational Qualifications : \_\_\_\_\_  
\_\_\_\_\_
12. Experience in the subject field of selection: \_\_\_\_\_
13. Correspondence Address with Telephone No: \_\_\_\_\_  
\_\_\_\_\_
14. Permanent Address with Telephone No: \_\_\_\_\_  
\_\_\_\_\_
15. Whether you are ever debarred or disqualified by any Public Service Commission / Recruitment Board from any of their Examination/Selection: \_\_\_\_\_
16. Whether you have been ever convicted by any Court for any offence: \_\_\_\_\_
17. Do you have any close relative working in Army Air Defence College, if yes, give name and official address: \_\_\_\_\_  
\_\_\_\_\_

**DECLARATION**

I, \_\_\_\_\_ hereby declare that the particulars filled by me in this form are true to the best of my knowledge and belief and in case they are found false, my candidature shall be liable to be rejected.

Place:

Signature of Candidate

Date:

(Name of candidate in Capital letters)

**MINISTRY OF DEFENCE**

**ARMY AIR DEFENCE COLLEGE, GOLABANDHA (ODISHA)**

**CALL LETTER FOR WRITTEN EXAMINATION**

(To be issued to eligible candidates)

(Affix  
passport size  
attested  
photograph)

1. Post applied for : \_\_\_\_\_
2. Full Name (in Block letters) : \_\_\_\_\_
3. Father's/Husband's Name : \_\_\_\_\_
4. Full address for communication with telephone No: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICIAL USE**

5. Index / Roll No : \_\_\_\_\_
6. Date of Written Examination : \_\_\_\_\_
7. Time of Written Examination : \_\_\_\_\_
8. Venue of Written Examination: \_\_\_\_\_  
\_\_\_\_\_

Date: