



KIRKEE CANTONMENT BOARD

APPLICATION FORM

(TO BE PRINTED IN A-4 SIZE ONLY)

APPLICATION FOR THE POST OF:
(Name of post)

Space for Passport size
photograph with white
background duly self -
attested

(3.5cmsx4.5cms)

1. Name of the Candidate in (full)
(Only in Capital letters) _____
2. Father's/Husband's name _____
3. Present Postal Address with
Pincode, _____

4. Mobile No. _____
5. Alternate Mobile/Landline No. _____
6. EmailId: _____

7. Date of Birth

Date	Month	Year

8. Age as on 03-03-2023

Year	Months	Days

9. Gender
[Please tick (✓)]

Male	Female	Trans Gender

10. Marital Status
[Please tick (✓)]

Married	Unmarried

11. Which category belong to (**Vertical**)
[Please tick (✓)]

UR	OBC	SC	ST	EWS

12. Which category belong to (**Horizontal**)
[Please tick (✓)] with Percentage of Disability

PH(C)	Other (Please specify)	Percentage of Disability
		%

Type of Physical Handicap:
OA=One Arm, LC=Leprosy Cured,
AAV=Acid Attack Victim
[Please tick (✓)]

OA	LC	AAV	Other (Please specify)

13. **Educational Qualification**

Sl. No.	Qualifications/Degree acquired	University/College/School/Institute	Year of Passing	Class/Division/Grade	Percentage (%) of marks obtained

14. Departmental Candidate (Only permanent employees of KirkeeCantt Board is considered as Departmental Candidate)
[Please tick (✓)]

Yes	No

15. Particulars of present employment : _____
(if any)

16. Experience (if any) : _____

17. **DD Details**(Attach original DD with application):

DD Drawn from (Name of Bank & Branch)	Amount (Rs.)	DD No.	DD Date

18. Whether related to any Member/Employee of Kirkee Cantonment Board
[Please tick (✓)]

Yes	No

19. **DECLARATION**

I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief and no material of information has been concealed or misstated. In the event of any information found false, incorrect or ineligibility being detected before or after the Written Test/Skill Test, my candidature will stand cancelled and my claim for the recruitment forfeited.

Place:

Signature of Candidature

Date:

(Full name of the Candidate)