

APPLICATION FORM
(To be sent neatly/ typed or hand written)

(DAVP Advertisement No _____)

Recent Passport size
photograph of the
applicant

To,
(Unit Address as mentioned
at para 1 of advertisement)

1. Post applied for (along with Unit as mentioned at para 1 of advertisement) : _____ Unit: _____
2. Name of the candidate (In Block letters) : _____
3. (a) Father's /Husband's Name : _____
(b) Mother's Name : _____
4. Date of Birth (DD/MM/YYYY) :

| | | | | | | | | | |
|--|--|---|--|--|---|--|--|--|--|
| | | / | | | / | | | | |
|--|--|---|--|--|---|--|--|--|--|
5. Age as on last date of receipt of application : Years _____ Months _____ Days _____
6. Nationality : _____
7. Religion : _____

| | |
|--|--|
| <p>8. Correspondence address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Pin- _____ State _____</p> <p>Contact/Mobile No _____</p> <p>Email ID _____</p> | <p>9. Permanent home address :</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Pin- _____ State _____</p> <p>Contact/Mobile No _____</p> <p>Email ID _____</p> |
|--|--|

10. Category (UR/ SC/ ST/ OBC/ EWS(UR)/ ESM): _____
(Please enclose photocopy of relevant certificate)
Abbreviations used:UR- Un-reserved, SC- Schedule Caste, ST- Schedule Tribe, OBC- Other Backward Class, EWS- Economically Weaker Section, PwBD- Person with Benchmark Disability, ESM- Ex-Serviceman

11. If applied for the post in "Physically Handicapped" category:

| Type of disability (B, LV, D, HH, OA, OL, OAL, CP, LC, Dw, AAV, ASD (M, MoD), SLD (M), MI(M)) | Percentage of disability (40 % and above) |
|---|---|
| | |

(Please enclose photocopy of disability certificate issued by CMO/Civil Surgeon of Government hospital certifying the disability duly self attested)

Abbreviations used:B- Blindness, LV- Low Vision, D- Deaf, HH- Hard of Hearing, OL- One leg, OA- One Arm, OAL- One Arm and One Leg, CP- Cerebral Palsy, Dw- Dwarfism, AAV- Acid Attack Victim, LC- Leprosy Cured, ASD(M, MoD)- Autism Spectrum Disorder (M-Mild, MoD- Moderate), SLD(M)- Specific Learning Disability(M-Mild), MI(M)- Mental Illness (Mild), MD- Multiple Disability

12. Length of Combatant Service (applicable for ESM only):Years _____ Months _____ Days _____
Date of enrolment (In Army/Navy/Air Force): _____ Date of retirement: _____
(Please enclose photocopy of discharge certificate)

13. Details of age relaxation required _____
(Applicable as per Central Govt Policy)

14. Qualifications:

(i) Educational:

| Name of examination | Year | Board/University/Institution | Percentage of marks obtained | Grade/Division |
|---------------------|------|------------------------------|------------------------------|----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

(Please enclose photocopy of educational/qualification certificate)

(ii) Experience:

| Organization | Whether Govt/PSU/Private | Post/Appointment | From | To |
|--------------|--------------------------|------------------|------|----|
| | | | | |
| | | | | |
| | | | | |

(Please enclose photocopy of experience certificate)

15. List of enclosures:-

| Ser | Enclosures |
|-----|------------|
| (a) | |
| (b) | |
| (c) | |
| (d) | |
| (e) | |

16. Details of any Identity proof (Enclose copy):-

| | |
|----------------------|---------------|
| Aadhar Card No : | PAN Card No : |
| Driving Licence No : | Passport No : |

DECLARATION

I hereby certify that above particulars mentioned in the application are correct and true to the best of my knowledge and belief. There is no criminal proceeding pending/ contemplated/ held against me. I understand that in the event of my information being found false or incorrect at any stage or not satisfying the eligibility criteria according to the advertisement, my candidature/ appointment is liable to be cancelled/ terminated. I am willing to serve anywhere in India. I agree that Department has the right to transfer me anywhere in India.

Place :

Date:

(Signature of the applicant)

Note: Candidate to ensure the following are enclosed:-

- (i) One self-addressed envelope duly affixed with Rs 5/- postal stamp.
- (ii) Self-attested photocopies of certificates (_____) sheets.
- (iii) Two self-attested Photographs (Name and Mother's/Father's name on the back side of photo)
- (iv) Acknowledgement/ Admit card

ACKNOWLEDGEMENT / ADMIT CARD

1. Post applied for _____
2. Unit applied for _____
3. Name of candidate _____
(IN BLOCK LETTERS)
4. Date of Birth _____
5. Mother's Name _____
6. Father's/ Husband's Name _____
7. Category applied for _____
8. Correspondence address
House No./Street /Village _____
Post Office _____ Tehsil _____
District _____ State _____ Pin Code _____
9. Tele/Mob No _____ E Mail ID _____

Recent Passport size
photograph of the
applicant

FOR OFFICE USE ONLY

Your application is hereby accepted

10. Index No _____
11. Written test (a) Date _____ (b) Reporting Time _____
(c) Place _____

Date: _____

(Signature of controlling officer)

Note:- (i) Candidates will report for written test along with original documents / certificates i.e. Educational, Caste, Domicile, Birth, Discharge certificate/NOC and Physically Handicapped certificate. Only after verification of original documents and Biometric Attendance, candidates will be allowed to appear for written test. The safe custody of the documents is the responsibility of the individual.

(ii) Candidates should reach at least one hour before the scheduled time at examination centre on aforementioned date. No candidate will be allowed for examination after scheduled time.

(iii) The candidates should bring their pen, pencil and clipboard for **Written Examination**. Candidates will also carry any two proof of identity (Aadhar Card/PAN card/Passport/Driving Licence)

(iv) The candidate should not keep Mobile, Calculator, Electronic item, paper and other material otherwise he/she will not be allowed for examination and his/her candidature will automatically deemed to be rejected.