

APPLICATION FORM

Post Applied for : _____

Affix recent passport
size photograph

Identity should be
certified by an officer as
mentioned in the
advertisement with
designation / seal of
office.

1. Full Name : _____

2. Father's Name : _____

3. Permanent Address : _____

4. Address for Correspondence /
Present Address : _____

5. Date of Birth : _____

6. Sex : Male : ☐

Female : ☐

7. Religion : _____

8. Nationality : _____

9. Domicile : _____
(State)

10. Category:

SC	ST	OBC	EXSM	PH
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Ex-Serviceman

Date of Joining Service : _____

Date of Discharge from Service : _____

12. E-mail id : _____

13. Telephone No. (With Std Code) : _____

14. Mobile No. (If any) : _____