## INDIAN COAST GUARD ONLINE APPLICATION FORM

**Application No. : 219/161681** Roll No. : EOG/CH/C/219/26522

Name of the post applied for : Asst. Commandant General  ${f Dutv}$ 

(2) Centre at which you wish to appear for Test: COAST GUARD STORE DEPOT CHENNAI, GM PETTAI ROAD, ROYAPURAM, CHENNAI, TAMIL NADU - 600 013
Date and Time of Reporting at Centre: 19 Dec 2018, Time:

08:00:00, Day : Wednesday

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Priority	Centre Name	Full Address of the Centre			
1		COAST GUARD STORE DEPOT CHENNAI, GM PETTAI ROAD, ROYAPURAM, CHENNAI, TAMIL NADU - 600 013			



(3) Name of the candidate (as in Matriculation):

HARISH MANEN Gender: Male

(4) Current postal address:

7/38, RANI VILLAS COMPOUND, NEELAGANDAN STREET,, CITY: CHECKANURANI, STATE: TAMIL NADU, DISTRICT: MADURAI, PIN: 625514

(5) Permanent address:

W-1-16, R.C. KEERAI METTU STREET,, CITY: UTHAMAPALAYAM, STATE: TAMIL NADU, DISTRICT: THENI, PIN: 625533

(6) E-mail ID: harishmanenbe@gmail.com Mobile No:

(O) +918754932972

(7) Mother's name: CARMAL

(8) Father's name: **DOSS** 

(9) Category : **SC** (10) Date of Birth : **19 Feb 1997** (11) Nationality : **Indian** 

(12) Oualification:

Qualification	Board/Institution	AggrPercent	Compl. Subject	Compl. Mark	Year of Passing
12th	STATE BOARD OF SCHOOL EXAMINATIONS (SEC.) & BOARD OF HIGHER SECONDARY EXAMINATIONS, TAMIL NADU	76.92	Physics	167	2014
			Maths	116	2014

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ANNA Graduation(B.A.)  Graduation(B.A.)  CHENNAI	66.65	NA	0	2018
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- (13) Knowledge of Swimming: NO
- (14) Proficiency in sports, National Level (attach photocopies of certificate): NO
- (15) NCC certificate obtained (attach photocopy of certificate, if yes): --NA--
- (16) Marital Status: Unmarried
- (17) Is Wards of Coast Guard uniform personnel deceased while in service : NO
- (18) Is your father serving /retired from Defence : NO
- (19) Is Service Personnel: YES Coast Guard
- (20) Declaration:

I, hearby solemnly declare that all the statements made in the above application are true and correct to the best of my knowledge and belief. I fully understand that in the event of any information being found false or incorrect, appropriate action can be taken against me.

Place: MADURAI Signature:

Date: Name of the Applicant: HARISH MANEN

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