APPLICATION FORM

Personal Details

Applicant's full name	--Select -- ⌄	Care Of	Parents ◉ Guardian ○
Father's Name	Mr. ⌄	Mother's Name	Mrs. ⌄
Gender	Male ○ Female ○ Others ○	Date of Birth	dd - mm - yyyy
Marital Status	--Select-- ⌄	Category	--Select-- ⌄
Handicapped	No ◉ Yes ○	Ex-Serviceman	No ◉ Yes ○
EWS	No ◉ Yes ○	Religion	--Select-- ⌄

Contact Details

Mobile Number		Email ID	
Address Line 1		Address Line 2	
City		State	--Select-- ⌄
Pin Code			

Qualification Details

Sr No.	Qualification	Board/University	Passing Year	Max Marks	Marks Obtain	Percentage

1	--Select--					
2	--Select--					
3	--Select--					
4	--Select--					

Language Knowledge

Language	Reading	Writing	Spoken
Hindi	☐	☐	☐
English	☐	☐	☐
Urdu	☐	☐	☐

Identification Details

Aadhar Card Number [   ]   PAN Card Number [   ]

Upload Photo [Choose file] No file chosen   Upload Signature [Choose file] No file chosen

[Submit] [Back]