



18A, Brabourne Rd, Chitpur, B.B.D. Bagh, Kolkata, West Bengal 700001

Applic	eation for the post of	Date:// 2023-24
1	NAME OF THE CANDIDATE WITH SURNAME IN (BLOCK LETTERS)	
2	ADDRESS FOR COMMUNICATION	
3	CONTACT NO. / E- MAIL ID	
4	FATHER'S / HUSBAND'S NAME	
5	EMPLOYMENT EXCHANGE / SAINIK BOARD REGISTRATION NO. AND S NAME OF THE DI TRICT WHERE IT WAS REGISTERED.	
6	DATE OF BIRTH AND AGE	
7	MARITAL STATUS	
8	RELIGION	
9	EDUCATIONAL QUALIFICATIONS (ENCLOSE MARK LISTS FOR SSC OR ITS EQUIVALENT AND INTERMEDIATE OR IT'S EQUIVALENT	
10	CATEGORY (BELONGS TO SC/ ST/ OBC/ PWD/ EX-SM)	
11	SUB - CASTE	
12	PLACE OF DOMIDIE	
13	ARE YOU A DEPENDENT OF EX- SERVICMAN KILLED IN ACTION 7	

14	(a) DO YOU HAVE ANY OF THISFOLLOWING DISABILITY. IF SO DETAILS:					
	(i) BLINDNESS / LOW VISION(VH) (ii) HEARING IMPAIRMENT(HH) (iii) LOCOMOTORS DISABILITY (LM OROH)					
	(b) PERCENTAGE OF DISABILITY AS CERTIFIED BY MEDICAL BOARD /					
	MEDICAL AUTHORITY					
15. FURNISH PARTICULARS OF PREVIOUS / PRESENT EMPLOYMENT:						
POST	FHELD SALARY NAME & ADDRESS OF ORGANIZATION [PER MONTH]	ROM TO REASON FOR LEAVING				

16	WHETHER ANY CRIMINAL / CIVIL ACTION IS PENDING AGAINST YOU IN ANY COURT OF LAW IN THE COUNTRY, IF SO, FURNISH THE DETAILS IN BRIEF.	
17	HAVE YOU BEEN CONVICTED ANY TIME ?	

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Exam Date:

Training Date:

Joining Date:

DOCUMENT VERIFICATION CHARGE Rs.220/- AS PER COMPANY RULE & REGULATION AT THE TIME OF SUBMISSION YOUR APPLICATION MUST BE PAID SERVICE / VERIFICATION CHARGE ONLINE MODE.

Date	:

Place: Signature of the Candidate