

8 CATEGORY (Indicate by tick mark in appropriate box)

(a)

| | |
|----|--|
| UR | |
|----|--|

| | |
|----|--|
| SC | |
|----|--|

| | |
|----|--|
| ST | |
|----|--|

| | |
|-----|--|
| OBC | |
|-----|--|

| | |
|-----|--|
| EWS | |
|-----|--|

(b) **Person with Disability (PWD) - (Y/N):**

PH(PWD) Category **WRITE VI** for Visually Impaired, **HI** for Hearing Impaired, **LD** for Locomotor Disability, **ID** for Intellectual Disability and **MD** for Multiple Disabilities in addition to the main Category in (a) above (Others leave it Blank)

(c) **Ex-Serviceman - (Y/N):**

9 MARITAL STATUS (Married / Unmarried):

10 NATIONALITY

11 BLOOD GROUP

| | |
|--|--|
| | |
|--|--|

12 PLACE OF BIRTH
 PLACE DISTT. STATE

13 PLACE / STATE OF DOMICILE

14 EDUCATIONAL / PROFESSIONAL QUALIFICATIONS

(Starting from Class 10th onwards)

Please attach a separate sheet if required

| Examination passed | Discipline/ specialization /subject | Board/ University/ Institution | Year of passing | Percentage of marks | Division |
|--------------------|-------------------------------------|--------------------------------|-----------------|---------------------|----------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

15 EXPERIENCE (Recent First)

Please attach a separate sheet if required

| Name of Employer | Designation | Period of Service | | Nature of duties performed | Reason for leaving Service | Achievements |
|--|-------------|-------------------|----|----------------------------|----------------------------|--------------|
| | | From | To | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL EXPERIENCE: _____ Years _____ Months | | | | | | |

16 MOTHER TONGUE

17 LANGUAGES KNOWN

| Language | Speak | Read | Write |
|----------|-------|------|-------|
| | | | |
| | | | |
| | | | |

18 TOTAL NO. OF DEPENDENTS, if any

19 CONTACT DETAILS

Residence: STD Code Tel. No.

Office: STD Code Tel. No.

Mobile No.

Email ID:

20 PRESENT ADDRESS

| | | | | | | |
|--------|--|--|-------|--|--|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Distt. | | | State | | | |
| PIN | | | | | | |

21 PERMANENT ADDRESS

| | | | | | | |
|--------|--|--|-------|--|--|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Distt. | | | State | | | |
| PIN | | | | | | |

22 ADDRESS OF THE POLICE STATION NEAREST TO YOUR PERMANENT AND PRESENT ADDRESS

| Present | Permanent |
|---------|-----------|
| | |

23 Have you ever been convicted for any criminal offence?(Yes/No)

If yes, give details

| |
|--|
| |
|--|

24 PAN No

25 AADHAR NO

DECLARATION

I hereby declare that all the statements made in this Application Form are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage or my not satisfying the eligibility criteria according to the requirements, my candidature / appointment is liable to be cancelled/terminated. I have read and understood the stipulations given in the advertisement and hereby undertake to abide by them

I hereby agree that any legal proceedings in respect of any matter(s) or claims or disputes arising out of this application and/or out of said advertisement can be instituted by me only at Delhi/New Delhi and Courts/Tribunals/Forums at Delhi/New Delhi only shall have sole and exclusive jurisdiction to try any cause/dispute. I undertake to abide by all the terms and conditions mentioned in the advertisement given by the Company.

PLACE:

SIGNATURE OF THE APPLICANT

DATE:

NAME: _____

-x-x-x-