

APPLICATION FORM
(To be sent neatly/ typed or hand written)

(DAVP Advertisement No _____)

Recent Passport size
photograph of the
applicant

To,
(Unit Address as mentioned
at para 1 of advertisement)

1. Post applied for (along with Unit as mentioned at para 1 of advertisement) : _____ Unit: _____
2. Name of the candidate (In Block letters) : _____
3. (a) Father's /Husband's Name : _____
(b) Mother's Name : _____
4. Date of Birth (DD/MM/YYYY) :

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5. Age as on last date of receipt of application : Years _____ Months _____ Days _____
6. Nationality : _____
7. Religion : _____

<p>8. Correspondence address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Pin- _____ State _____</p> <p>Contact/Mobile No _____</p> <p>Email ID _____</p>	<p>9. Permanent home address :</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Pin- _____ State _____</p> <p>Contact/Mobile No _____</p> <p>Email ID _____</p>
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10. Category (UR/ SC/ ST/ OBC/ EWS(UR)/ ESM): _____
(Please enclose photocopy of relevant certificate)
Abbreviations used:UR- Un-reserved, SC- Schedule Caste, ST- Schedule Tribe, OBC- Other Backward Class, EWS- Economically Weaker Section, PwBD- Person with Benchmark Disability, ESM- Ex-Serviceman

11. If applied for the post in "Physically Handicapped" category:

Type of disability (B, LV, D, HH, OA, OL, OAL, CP, LC, Dw, AAV, ASD (M, MoD), SLD (M), MI(M))	Percentage of disability (40 % and above)

(Please enclose photocopy of disability certificate issued by CMO/Civil Surgeon of Government hospital certifying the disability duly self attested)

Abbreviations used:B- Blindness, LV- Low Vision, D- Deaf, HH- Hard of Hearing, OL- One leg, OA- One Arm, OAL- One Arm and One Leg, CP- Cerebral Palsy, Dw- Dwarfism, AAV- Acid Attack Victim, LC- Leprosy Cured, ASD(M, MoD)- Autism Spectrum Disorder (M-Mild, MoD- Moderate), SLD(M)- Specific Learning Disability(M-Mild), MI(M)- Mental Illness (Mild), MD- Multiple Disability

12. Length of Combatant Service (applicable for ESM only):Years _____ Months _____ Days _____
Date of enrolment (In Army/Navy/Air Force): _____ Date of retirement: _____
(Please enclose photocopy of discharge certificate)

13. Details of age relaxation required _____
(Applicable as per Central Govt Policy)

14. Qualifications:

(i) Educational:

Name of examination	Year	Board/University/Institution	Percentage of marks obtained	Grade/Division

(Please enclose photocopy of educational/qualification certificate)

(ii) Experience:

Organization	Whether Govt/PSU/Private	Post/Appointment	From	To

(Please enclose photocopy of experience certificate)

15. List of enclosures:-

Ser	Enclosures
(a)	
(b)	
(c)	
(d)	
(e)	

16. Details of any Identity proof (Enclose copy):-

Aadhar Card No :	PAN Card No :
Driving Licence No :	Passport No :

DECLARATION

I hereby certify that above particulars mentioned in the application are correct and true to the best of my knowledge and belief. There is no criminal proceeding pending/ contemplated/ held against me. I understand that in the event of my information being found false or incorrect at any stage or not satisfying the eligibility criteria according to the advertisement, my candidature/ appointment is liable to be cancelled/ terminated. I am willing to serve anywhere in India. I agree that Department has the right to transfer me anywhere in India.

Place :

Date:

(Signature of the applicant)

Note: Candidate to ensure the following are enclosed:-

- (i) One self-addressed envelope duly affixed with Rs 5/- postal stamp.
- (ii) Self-attested photocopies of certificates (_____) sheets.
- (iii) Two self-attested Photographs (Name and Mother's/Father's name on the back side of photo)
- (iv) Acknowledgement/ Admit card