

Annexure – I
APPLICATION FORM

Advertisement No. and Date	1 / 2019, dt.06-06-2019
Name of the Post	
Mention the Communal Rotation without fail	

Please affix recent
passport size photo

1.	Name of the Candidate (in BLOCK LETTERS)										
2.	Gender (Tick in relevant Box)	Male		Female							
3.	Date of Birth	Date			Month			Year			
4.	Age as on 1 st June of the year (as the case may be) (in completed years)										
5.	Father's Name										
6.	Mother's Name										
7.	Marital Status (Tick in relevant Box)	Married		Unmarried							
8.	Spouse Name Husband / Wife										
9.	If applicant is Female	Widow		Destitute Widow		Others					
10.	Place of Birth										
11.	Native District and State										
12.	If other than TN, Specify the Name of the State										
13.	Mother Tongue										
14.	Other languages known										

15	Nationality (Tick in relevant Box)	Indian		Others	
16	Religion (Please specify)				
17	Address for Communication				
	Door No.	Street Name:			
	City/Village:	District:			
	State:	Pin code:			

18	Permanent Address										
	Door No.		Street Name:								
	City/Village:				District:						
	State:				Pin code:						
19.	Communal Category (Please tick in relevant box)	OC	BC	MBC	SC	SC(A)	ST	DNC			
20.	Name of the Sub Caste										
a.	Community Certificate No.										
b.	Date of Issue	Date			Month			Year			
c.	Issuing Authority										
d.	Name of the Taluk										
e.	Name of the District										
21.	Are you a Differently Abled Person?	Yes					No				
	If yes, please specify										
22.	Whether coming under priority? If yes, tick the relevant box (Priority Certificate to be enclosed)	DW	Inter caste Marriage	Ex-Service man dependents of Ex-service man, dependents of serving Army personnel"s	Freedom Fighter and Thiyagis for Tamil language	Burma / Ceylon Repatriate	Owner of the land acquired by Govt.	Physically Handi-capped exclusively Ortho	Orphans	Not applicable	
a.	Certificate No.										

b.	Date of Issue	Date			Month			Year				
c.	Issuing Authority											
d.	Name of the District											
e.	Name of the Taluk											
23.	Educational Qualification	Medium of Instruction	Name of the Institution	Year of passing	Total Marks	Marks Secured	%	Grade / Class				
a.	8 th Std											
b.	S.S.L.C											
c.	Others if applicable											

24.	Details of Previous employment if any	Name and address of the Institution	Designation	Scale of Pay	From	To
					3 Experience certificate as Heavy Vehicle Driver (Should be enclosed)	
25.	Details of conviction / Punishment / Disqualification / criminal case, disciplinary proceedings etc., if any					
26.	Mobile No / Phone No					

27. Declaration:

I, hereby, declare that all the particulars furnished in this application are true, correct and complete to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligibility being detected before or after the examination, action can be taken against me by Salem DCMPU Ltd.

Date:

Place:

Signature of the Candidate