## **APPLICATION FORM**

1	Post Applied for			TECHNICIAN - Maintenance (Electrician)				
2	Category of Post:  Amount of application/processing fee & Bank Draft Full Name (In Block letters)  Father's/ Husband's Name Correspondence Address with Pin code (in Block letter) Mobile/ Phone Number with STD code, if any.			Un-Reserved				
3			g fee	Bank Draft Nodated			₹ 300/-	
4								
5							Affix one photograph here	
7	Permanent Addre (in Block letters) Number with ST	Mobile/ Phone	2					
8	Sex			Male	Fem	ale		
9	a) Date of Birth b) Age as on the last date of receipt of application i.e. as on Whether age relaxation claimed, if so indicate . Educational Qualification (Please attach			Date Month Year				
10	application i.e. a Whether age rela indicate.	as onxation claimed,	if so					
10	application i.e. a Whether age rela indicate.	as onxation claimed,	if so				nd mark sheets).	
10 11 SI	application i.e. a Whether age rela indicate.	as onxation claimed,	if so	elf attested Pl		of certificates a  Marks Obtained Total	nd mark sheets).  Percentage of Marks	
10 11 SI	application i.e. a Whether age rela indicate . Educational Qua  Examination Passed (Tenth	lification (Please  Name of Board/	if so e attach se Month Year	elf attested Pl	notostat copy	of certificates a	Percentage of	
10 11 SI	application i.e. a Whether age rela indicate . Educational Qua  Examination Passed (Tenth	lification (Please  Name of Board/	if so e attach se Month Year	elf attested Pl	notostat copy	of certificates a  Marks Obtained Total	Percentage of	
110 SI No	application i.e. a Whether age rela indicate . Educational Qua  Examination Passed (Tenth onwards)	lification (Please  Name of Board/	if so e attach se Month Year	elf attested Pl	notostat copy	of certificates a  Marks Obtained Total	Percentage of	
110 111 SI No	application i.e. a Whether age rela indicate . Educational Qua  Examination Passed (Tenth onwards)  Experience:	Is on	if so e attach se Month Year	elf attested Pl	notostat copy	of certificates a  Marks Obtained Total Marks	Percentage of Marks	
110 SI No	application i.e. a Whether age rela indicate . Educational Qua  Examination Passed (Tenth onwards)	lification (Please  Name of Board/	if so e attach se Month Year	elf attested Pl	notostat copy	of certificates a  Marks Obtained Total Marks	Percentage of	
110 111 SI No 12 SI.	application i.e. a Whether age rela indicate . Educational Qua  Examination Passed (Tenth onwards)  Experience:	Is on	if so e attach se Month Year Passii	elf attested Pl	notostat copy Subjects	of certificates a  Marks Obtained Total Marks	Percentage of Marks	
110 SI No 12 SI.	application i.e. a Whether age rela indicate . Educational Qua  Examination Passed (Tenth onwards)  Experience:	Is on	if so e attach se Month Year Passii	elf attested Pl	notostat copy Subjects	of certificates a  Marks Obtained Total Marks	Percentage of Marks	
110 SI No 112 SI.	application i.e. a Whether age rela indicate . Educational Qua  Examination Passed (Tenth onwards)  Experience:  Post Held	Name of Employer	if so e attach se Month Year Passii	Period m	notostat copy Subjects To	of certificates a  Marks Obtained Total Marks  Proceedings of the control of the certificates are control of the certificates	Percentage of Marks  Marks  ay Scale	

1. 2. 3.

## **DECLRATION**

I hereby declare that all the facts mentioned in this application 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 not satisfying the eligibility criteria according to the requirements of the relative advertisement, my candidature / application is liable to be cancelled/terminated.

PLACE		
DATE		
		Signature of Candidate Name of the Applicant
Damarks of the forwardi	ing Authority (in case of Govt. Emp	laveac):
Certified that	ing Authority (in case of Govt. Emp	ioyees).
	ulars furnished by Sh./ Smt	are correct
		pending or contemplated against him/ her
	f the applicant is certified	Will a head a person of the
		y an officer not below the Rank of an Under
Secretary to the Governi	ment of India are enclosed.	
		(Signature of Head of the Department/ Forwarding Authority)
Date:		The Land of the Control of the Contr
		Name
		Department Telephone /(Fax No.)
		reseptione (Tax 110.)

## **APPLICATION FORM**

	Post Applied for						
2	Category of Post		1	Un-Reserv	ed		
3	Amount of application/processing fee & Bank Draft			Bank Draft No dated		dated	₹ 300/-
4	Full Name (In Bl	ock letters)					
5	Father's/ Husband Correspondence (in Block letter) Mobile/ Phone N if any.	Address with Pi					Affix one photograph here
7	Permanent Addre (in Block letters) Number with ST	Mobile/ Phone	e _				
8	Sex		1	Male	Fem	ale	
9 10 11	a) Date of Birth b) Age as on the application i.e. a Whether age rela indicate. Educational Qua	xation claimed,	ipt of if so			Yearof certificates a	nd mark sheets).
10	b) Age as on the application i.e. a Whether age relaindicate.	xation claimed,	ipt of if so	If attested Ph			nd mark sheets).  Percentage of  Marks
10 11 SI	b) Age as on the application i.e. a Whether age rela indicate . Educational Qua  Examination Passed (Tenth	s on	ipt of if so e attach sel  Month Year o	If attested Ph	otostat copy	of certificates a  Marks Obtained Total	Percentage of
10 11 SI	b) Age as on the application i.e. a Whether age rela indicate . Educational Qua  Examination Passed (Tenth	s on	ipt of if so e attach sel  Month Year o	If attested Ph	otostat copy	of certificates a  Marks Obtained Total	Percentage of
110 SI No	b) Age as on the application i.e. a Whether age rela indicate . Educational Qua  Examination Passed (Tenth onwards)	ns on	ipt of if so e attach sel  Month Year o Passin	If attested Ph	otostat copy Subjects	Marks Obtained Total Marks	Percentage of
110 SI No	b) Age as on the application i.e. a Whether age rela indicate . Educational Qua Examination Passed (Tenth onwards)	s on xation claimed, lification (Please Name of Board/ University	ipt of if so e attach sel  Month Year o	If attested Ph	otostat copy	Marks Obtained Total Marks	Percentage of Marks

- List of Documents attached:
  - 1.

  - 2.3.

## **DECLRATION**

I hereby declare that all the facts mentioned in this application 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 not satisfying the eligibility criteria according to the requirements of the relative advertisement.
my candidature / application is liable to be cancelled/ terminated.

PLACE_	
DATE	
	Signature of Candidate Name of the Applicant
Remarks of Certified t	of the forwarding Authority (in case of Govt. Employees):
ix)	The particulars furnished by Sh./ Smt. are correct
xi) xii) xiii) Secretary	There is no vigilance /disciplinary case either pending or contemplated against him/ her Integrity of the applicant is certified  Photocopies of the up-to-date ACRs attested by an officer not below the Rank of an Under to the Government of India are enclosed.
	(Signature of Head of the Department/ Forwarding Authority)
Date:	일 경영점 - 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Name
	Telephone /(Fax No.)