

Annexure-I

APPLICATION FORM FOR COMPETITIVE EXAMINATION FOR RECRUITMENT TO THE CADRE OF MTS FROM ELIGIBLE GDS FOR THE VACANCY YEARS 2018 (01.04.2018 to 31.12.2018), 2019 (01.01.2019 to 31.12.2019) & 2020(01.01.2020 to 31.12.2020) – TO BE HELD ON 02nd AUGUST, 2020.

*Affix recent
passport sized
photograph duly
attested by
Divisional
Head, Unit
Head.*

Note: All Particulars shall be filled up in BLOCK letters

Sl. No.	Particulars	Detail(s)	
1	Name of the candidate		
2	Male / Female		
3	Designation		
4	Name of the Division /Unit		
5	Date of Birth (attach self-attested matriculation certificate/marks sheet)		
6	Age	As on	YY/MM/DD
		01.04.2018	
		01.01.2019	
		01.01.2020	
8	Category (UR/OBC/SC/ST/EWS)		
9	Date of entry in the Department		
10	Date of appointment as GDS on regular basis		
11	Period of regular service rendered as GDS as on	As on	YY/MM/DD
		01.04.2018	
		01.01.2019	
		01.01.2020	
12	Whether person with disability(ies)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
12.1	If yes, nature of disability(ies) (OH/HH/VH/OTHERS)		
	Percentage of disability(ies)		
13	Whether working in APS (Yes/ No)		
14	Whether any penalty pending or contemplated (Yes/No). If yes, details thereof.		
15	Language chosen for answering questions, as specified in Annexure-E of Department of Posts' letter No. 17-08/2018-SPB-I dated 10.05.2019, 28.06.2019, 11.07.2019 & 23.07.2019		

Signature of Candidate

DECLARATION:

I hereby declare that the particulars furnished in the application form are true, complete and correct to the best of my knowledge and belief and will be supported by the original documents as and when required. I fully understand that in case of False/Incorrect information found at any stage, my candidature/appointment will be summarily rejected/terminated and appropriate action would be taken against me.

DATE	
PLACE	

Signature of Candidate

I certify that I have verified the particulars of candidate from service record and found correct / incorrect. The candidature of the applicant is RECOMMENDED / NOT RECOMMENDED. In case NOT RECOMMENDED reasons therefore.

DATE	
PLACE	

Signature of Divisional /Unit Head with designation stamp