APPLICATION FORM

(To be sent neatly/typed or hand written (DAVP Advertisement No _____)

To,									Red Passpo	
(Un	it Address as mentioned								photog	
at p	ara 1 of advertisement)								of t	
	<u>,</u>							L	appli	cant
1.	Post applied for (along with	Unit as	:				Unit:			
	mentioned at para 1 of adve									
	Name of the candidate		,							
	(In Block letters)									
	(a) Father's/Husband's Nam	ie .								
	(b) Mother's Name									
	Date of Birth (DD/MM/YYYY	· ') :								1
₩.	Date of Birth (DD/MIM/1111	, .		/			1			
5	Age as on last date of receip	nt ·	Years		Mon	iths		Da	avs	
	of application		10010		_ 101011			50		
	Nationality									
	Religion									
	-	•								
6	8. Correspondence address			9. Permanent address						
-										
- F	PIN State			PIN	-		State			
	Contact/Mobile No			Cor	ntact/M	lobile N	lo			
_	Email ID				-:! !!					
				Em	םוו ווט _					
	Category (UR/SC/ST/OBC/E	•	· —							
	(Please enclose photocopy			,				0.00	2 011	5 .
	Abbreviations used: UR-Ur Class, EWS-Economically	ı-reser\ Weake	r Section, I	edule C PwBD-l	aste, S ⊃ersor	or-Sche n with	edule Trib Benchma	e, OB0 ark Dis	Othe: sability	r Backwar , ESM-Ex
	Servicemen								,	,
11.	If applied for the post in "Phy									
	Type of disability (B, LV, MD, HH, OA, OL, OAL CP, LC, Dw, AAV, ASD(M, MoD), SLD(M), MI(M)									
-					<u>" </u>					
L							=			
	(Please enclose photocopy of disability certificate issued by CMO/Civil Surgeon of Government hospic certifying the disability duly self attested)									
	Abbreviations used: B-Blin	dness,	LV-Low Visio	on, D-D	eaf, Hl	H-Hard	of Hearir	ng, OL-	One le	g, OA-One
	Abbreviations used: B-Blindness, LV-Low Vision, D-Deaf, HH-Hard of Hearing, OL-One leg, OA-Arm, OAL-One Arm and One Leg, CP-Cerebral Palsy, Dw-Dwarfism, AAV-Acid Attack Victim, Leprosy Cured, ASD(M, MoD)-Autism Spectrum Disorder (M-Mild, MoD-Moderate), SLD(M)-Spe									√ictim, LC
	Learning Disability (M-Mild),)-Auti MI(M)	sm Spectrur -Mental IIIne	n טונסה ss (Mild	aer (M I), MD:	-Multip	งเอบ-เงเอด le Disabil	ierate) itv.	, SLD(I	vi)-Speciii
	Length of Combatant Service					·	_ Months		_ Days	
	Date of enrolment (In Army/N	√lavy/Ai	r Force) :			_ Date	of retiren	nent: _		
	(Please enclose photocopy Details of age relaxation req		narge certific	ate)						
	(Applicable as per Central G		olicy)							
	Qualifications :		,							
Г	(i) Educational :	ı			_			1		/ D
	Name of Yea examination	r	Board/Unive		Per	centag obta	e of mark ined	s	Grade	e/Divison
}	CAGITITIQUOTI		montall	/II		UDIA		+		
ļ										
}								+		
(Please enclose photocopy c	of educa	ation/qualific	ation ce	ertificat	te)				

(ii) Exp	erience :									
	Or	ganization	Whether Govt./PSU/Pri	ivate	Post/Appoi	ntment	From	То			
-											
•	Please enclose photocopy of experience certificate) List of enclosures :										
		S No.									
		(a)									
		(b)									
		(c)									
		(d)									
16. [Details	of any Identity	proof (Enclose copy) :								
Γ	Aadhaar Card No : PAN Card No :										
H											
L	Driving Licence No : Passport No : DECLARATION										
crite Plac Date	ria acc e: e: Can (i) C (ii) S	cording to the ago didate to ensure one self-address Self-attested pho	rmation being found false of the that Department has the the following are enclosed envelope duly affixed to tocopies of certificates (the righed :- with Rs	nt to transfer m (Signs: 10/- postal s	ne anywho gnature of tamp. eets.	ere in India. f the applica	nt)			
	(iv)	Acknowledgeme	d Photographs (Name and ent/ Admit card. ACKNOWLEDGEM				e back side	of photo).			
			AURITONIELDOLIN		ADMIT OF			cent			
1.	Post applied for						ort size				
2.	Unit applied for pnotog					•					
3.	Name of candidate							of the applicant			
	(IN B	LOCK LETTERS	3)				Гаррі	icani			
4.		of Birth									
5.		er's Name									
6. -		Father's/Husband's Name									
7.	Category applied for										
8.	Correspondence address Houser No./Street /Village										
	Doct	er No./Street /VI Office Tabail	nage								
	Dietri	onice rensii	State		DII	VI code					
9.			State E Mail ID								
			FOR OFFICE								
10		application is he									
10. 11.	Mritte	n test (a) Date		- (h)	orting Time						
11.			·								
	(0) 1 1							_			
Date	:				(Sigr	nature of	controlling	officer)			
Note	: (i)	(i) Candidates will report for written test along with original documents / certificates i.e. Educational Caste, Domicile, Birth, Discharge certificate/NOC, and Physically Handicapped certificate. On after verification of original documents and Biometric Attendance, candidates will be allowed to appear for written test. The sage custody of the documents is the responsibility of the individual.									
	` '	on aforementio	nould reach at least one hour before the scheduled time at examination centre oned date. No candidate will be allowed for examination after scheduled time.								
	` ,	will also carry a	ttes should bring their pen, pencil and clipboard for Written Examination . Candidates ry any tow proof of identity (Aadhaar Card/PAN card/Passport/Driving License).								
	(IV)	(iv) The candidate should not keep Mobile, Calculator, Electronic item, paper and other materia otherwise he/she will not be allowed for examination and his/*her candidature will automatical deemed to the rejected.									

CBC 10103/11/0009/2526