AIR FORCE STATION, TEZPUR [ASSAM]

PROFORMA FOR APPLICATION

Application for the post of _____ in _____ Unit

1. Post applied for _____

2. Name of Candidate (in Block letters) _____

3. Father's Name _____

4. Date of Birth _____/_____/_____
(attach copy of Birth Certificate self attested)

5. Age as on last date prescribed : Years_____Months_____Days_____
for receipt of application

Self Attested Photograph Paste Here

6. Address for correspondence : _____
House No/Street/Village_____Post Office_____
Distt_____State_____PIN Code_____

7. Permanent Address _____
House No/Street/Village_____Post Office_____
Distt_____State_____PIN Code_____

8. Caste [Gen/OBC/SC/ST]_____
(Attach copy of self attested Certificate in case of SC/ST/OBC)

9. Educational Qualification _____
(Attach education certificate self attested)

10. Any other Qualification/Experience _____

11. Category for which applied _____(attach self attested copy)
[Gen (UR) / OBC / SC / ST / EWS / Ex-Serviceman / Physically Handicapped]

12. Technical Training/Experience _____

13. Domicile _____(attach self attested copy)

14. Whether registered with any Employment Exchange : Yes / No _____
If yes, mention Registration No and Name of employment exchange _____

15. I hereby certify that above particulars mentioned in the application are correct and true to the best of my knowledge and belief, if particulars mentioned by me are found false at any stage then I shall be liable to be terminated without any notice.

Place : _____

Date : _____ (Signature of candidate)

FOR OFFICIAL RECORD ONLY

1. Received on_____

2. Accepted/Rejected_____

3. Reason for rejection: Underage/Overage/incomplete documents/Any other reason to be specified _____

4. Index No :_____Date of Test/Skill/Practical/Physical Test_ _____

AIR FORCE STATION, TEZPUR [ASSAM]

ACKNOWLEDGEMENT CARD

Post of _____

Photograph Paste Here [Self Attested]

1. Name _____

vv

2. Father's Name _____

3 Address for correspondence :
[To be filled same as per Column 6 of application form]

_____

House No/Street/Village_____Post Office_____

Distt_____State_____PIN Code_____

4. Index No _____

Date and time of Test / Skill / Practical / Physical Test_____

5. Venue of Written Test / Skill / Practical / Physical Test_____

Signature of Controlling Officer