



**8 CATEGORY** (Indicate by tick mark in appropriate box)

(a) 

UR	
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SC	
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ST	
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OBC	
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EWS	
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(b) **Person with Disability (PWD) - (Y/N):**

PH(PWD) Category **WRITE OH** for Orthopaedically Handicapped,   
**HI** for Hearing Impaired and **VH** for Visually Handicapped in  
 addition to the main Category in (a) above (Others leave it Blank)

(c) **Ex-Serviceman - (Y/N):**

**9 MARITAL STATUS (Married/Unmarried):**

**10 NATIONALITY**

**11 BLOOD GROUP**

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**12 PLACE OF BIRTH**  
 PLACE  DISTT.  STATE

**13 PLACE/STATE OF DOMICILE**

**14 EDUCATIONAL/PROFESSIONAL QUALIFICATIONS**  
**(Starting from Class 10th onwards)**  
 Please attach a separate sheet if required

Examination passed	Discipline/ specialization /subject	Board/ University/ Institution	Year of passing	Percentage of marks	Division

**15 EXPERIENCE (as on cut-off date) (Recent First)**

Please attach a separate sheet if required

Name of Employer	Designation	Period of Service		Nature of duties performed	Reason for leaving Service	Achievements
		From	To			

**TOTAL EXPERIENCE:** \_\_\_\_\_ Years \_\_\_\_\_ Months

**16 MOTHER TONGUE**

**17 LANGUAGES KNOWN**

Language	Speak	Read	Write

**18 TOTAL NO. OF DEPENDENTS, if any**

 

**19 CONTACT DETAILS**

Residence: STD Code  Tel. No.

Office: STD Code  Tel. No.

Mobile No.

Email ID:

**20 PRESENT ADDRESS**

<b>District</b>				<b>State</b>		
<b>PIN</b>						

**21 PERMANENT ADDRESS**

<b>District</b>				<b>State</b>		
<b>PIN</b>						

**22 ADDRESS OF THE POLICE STATION NEAREST TO YOUR PERMANENT AND PRESENT ADDRESS**

<b>Present</b>	<b>Permanent</b>

**23 Have you ever been convicted for any criminal offence?(Yes/No)**

**If yes, give details**

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24 PAN No.

25 AADHAR No.

26 NAME & CONTACT DETAILS OF THREE REFERENCES:

### DECLARATION

I hereby declare that all the statements made in this Application Form 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 my not satisfying the eligibility criteria according to the requirements, my candidature / appointment is liable to be cancelled/terminated. I have read and understood the stipulations given in the advertisement and hereby undertake to abide by them

I hereby agree that any legal proceedings in respect of any matter(s) or claims or disputes arising out of this application and/or out of said advertisement can be instituted by me only at Delhi/New Delhi and Courts/Tribunals/Forums at Delhi/New Delhi only shall have sole and exclusive jurisdiction to try any cause/dispute. I undertake to abide by all the terms and conditions mentioned in the advertisement given by the Company.

PLACE:

SIGNATURE OF THE APPLICANT

DATE:

NAME: \_\_\_\_\_