

APPLICATION FORM

- 1 Post Applied for **TECHNICIAN -Maintenance (Plumber)**
- 2 Category of Post: **Un-Reserved**
- 3 Amount of application/processing fee & Bank Draft Bank Draft No _____ dated _____ ₹ 300/-
- 4 Full Name (In Block letters) _____
- 5 Father's/ Husband's Name _____
- 6 Correspondence Address with Pin code (in Block letter) _____
Mobile/ Phone Number with STD code, if any. _____
- 7 Permanent Address with Pin code (in Block letters) Mobile/ Phone Number with STD code, if any. _____
- 8 Sex Male _____ Female _____
- 9 a) Date of Birth Date _____ Month _____ Year _____
b) Age as on the last date of receipt of application i.e. as on _____
- 10 Whether age relaxation claimed, if so indicate . _____
- 11 Educational Qualification (Please attach self attested Photostat copy of certificates and mark sheets).

Affix one
photograph
here

Sl No	Examination Passed (Tenth onwards)	Name of Board/ University	Month & Year of Passing	Subjects	Marks Obtained Total Marks	Percentage of Marks

12 Experience:

Sl. NO	Post Held	Name of Employer	Period		Pay Scale
			From	To	

- 13 Whether the candidate is under any contractual obligation to serve Central/ State Govt./ any other Public Sector Undertakings or Autonomous body and if so, give details (Attach NOC, if applicable)
- 14 List of Documents attached:
1.
2.
3.

DECLARATION

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 the forwarding Authority (in case of Govt. Employees):

Certified that

- ix) The particulars furnished by Sh./ Smt. _____ are correct
x) There is no vigilance /disciplinary case either pending or contemplated against him/ her
xi) Integrity of the applicant is certified
xii) Photocopies of the up-to-date ACRs attested by an officer not below the Rank of an Under Secretary to the Government of India are enclosed.

(Signature of Head of the Department/
Forwarding Authority)

Date :

Name _____
Department _____
Telephone / (Fax No.) _____