PERFORMA FOR APPLICATION

To,

The Presiding Officer,
Civilian Direct Recruitment Board,
CHQ, ASC Centre (South) – 2 ATC/ASC Centre (North)-1 ATC
Agram Post, Bangalore -07

Recent Passport size photo duly self-attested

					L					
1.	-	======== oplied for		:	========					
2.		of the Candidate		<u>:</u>						
3.		Number (Function	onal)	:						
4.		ID (Functional)		:						
5.	Aadhar			:						
6.		s Name		:						
7.		f Birth (As per Ma M/YYYY)	atriculation certificate)	:						
8.	Corres	pondence Addres	SS:-							
		House No/ Stree	et/ Village	<u>:</u>						
		Post Office	-	:						
		District		:						
		State		:						
		Pin Code		:						
9.	Permar	Permanent Address:-								
		House No/ Stree	et/ Village	:						
		Post Office	¥	:						
		District		:						
		State		:						
		Pin Code		:						
10.	Educat	ional Qualificatio	n	:						
		/ITI/Diploma/12 th /								
		ation/Post Gradua								
11.	Educational Qualification									
	Ser No	Qualification	Name of School/ College	Name of Board/ University	% of Marks Obtained	Remarks				
12.	Gende	r (Male/Female/ (Other)	:						
13.		ory (UR/ SC/ ST/ PH/ ESM/ MSP)	OBC/	:						
14.	(Date cand da		my/ Navy/ Air Force and attach copy of	:						

15 If applied for the post in PH category:-

	(OH	e of Disability / HH/ VH/ Menta tiple disability)	al illness/	Disa	ntage of ability nd above)	Remarks		
						CMO/	ate issued by Civil surgeon Govt hospital ng the	
16.	emple (If ye	ether registered volument exchang s, mention regist oyment exchang	e tration No and Nam	: ne of				
17.	(If ye	s, give details as	Central Govt Servi per following formate duly signed by	at &	/ No			
		Name of employer	Name of Post	Date of Appointment	Serving	since	Office Address	
18.	Name	e of the stations,	a candidate wishe	s to be posted, if	selected in t	he order	of preference:-	
	(a)	1 st Choice	:					
	(b)	2 nd Choice	:					
	(c)	3 rd Choice	:					
=====	=====	-=======	<u>DI</u>	ECLARATION	:======:	======	========	
incorre advert	of my lect at siseme	knowledge and lany stage or nt, my candidat	belief. I understand not satisfying the	d that in the eve eligibility criter s liable to be ca	ent of any int ia according ancelled/ teri	formatior to the minated.	correct and true to the n being found false o requirements of the I am willing to serve	
Dated	:				(Si	anature (of the Candidate)	
Place	:							
Enclo	sures	 :-						

<u>Enc</u>

- Two Self-Attested Photographs (Name & father's name on the back side of photo). One self-addressed registered envelope duly affixed with appropriate postal stamps. Self-Attested copies of certificates (_____) Sheets. Admit Card in duplicate. (i)
- (ii) (iii)
- (vi)

	PERCENTAGE IN MATRICULATION/ EQUIVALENT	% (UPTO 50% IN RED INK ONLY)% (BETWEEN 51% TO 60% IN BLUE IN% (61% AND ABOVE IN BLACK INK O	(SIGNATURE OF THE CANDIDATE)
³ ⁄ ₄ ch		To,	

Appendix - II

INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTION

O = 14	:::: 4 - NI	_									Data
Cen	ificate in	o									Date
		_			VAL	ID FOR 1	THE YEAR	2			
	aker, sind	e th	Pin ne g	Code ross annual i	ncome *	whos of his/he	se photogr r "family"*	aph is a ' is belor	ittested bel ng Rs. 8 lak	ow b h (Ru	son/daughter/wife of Post Office elong to Economically spees Eight Lakh only)
for t	he financ	cial y	/ear	His/	ner famil	y does n	ot own or į	ossess	any of the f	ollow	ing assets***.
	I. II. III. IV.	R R	esic esic	es of agricultu lential flat of f lential plot of lential plot of	1000 sq. 100 sq y	ft and ab	ove. I above in				fied municipalities.
2. Sch	Shri/s eduled C			nari cheduled Trib	e and O					/hich	is not recognized as a
Resent Passport size attested photograph of the applicant.				Name	!		fice				
* No	te 1: Inc	ome	co,	vered all sour	ces i.e. s	salary, ag	griculture, l	ousiness	, professior	n etc.	
	ents and										of reservation, his/her n below the age of 18
				erty held by nd of propert		•			•	es/citi	es have been clubbed
								<u>A</u> r	pendix-III		
			FO	RM OF UNDI FOR CIVI					DIDATES A		<u>YING</u>
relat				•							which this application the satisfaction of the

I understand that, if selected on the basis of the recruitment/ examination to which this application relates, my appointment will be subject to my producing documentary evidence to the satisfaction of the appointing authority that I have been duly released/retired/discharged from the Armed Forces and that am entitled to the benefits admissible to Ex-Servicemen in terms of the Ex-Servicemen (Re-employment in Central Civil Services and Posts) Rule, 1979, as amended from time to time.

I also understand that I shall not be eligible to be appointed to a vacancy reserved for Ex-Servicemen in regard to the recruitment covered by this examination, if I have at any time prior to such appointment secured any employment on the Civil side (including Public Sector Undertaking autonomous Bodies/Statutory Bodies, Nationalized Banks, etc.) by availing of the concession of reservation of vacancies admissible to Ex-Servicemen.

Place Date	:				(Signature of	Candidate)

Appendix-IV

	(Similar endorsement should be given the cast certificate from th	e competent authority)
of rese	"I Son / Daughter / Wife of Shri	by declare that I belong to the vernment of India for the purpose
Place Date		(Signature of Candidate) Name
	ADMIT CARD (IN DUPLICATE)	
(Applio	able wherever Physical/ Skill Test is mandatory)	
4	Roll No	
1.	(Not to be filled by candidate)	Resent
2.	Name of candidate	Passport size
2.	Father's/Husband's Name	attested
3.	Data of Divida	photograph
4.	Application Registration No	of the
т.	(Not to be filled by candidate)	applicant
5.	Exam Centre Allotted	The state of
· .	(Not to be filled by candidate)	
6.	Category (UR/SC/ST/OBC/EWS/PH)	
7.	Schedule of Exam	
	Physical/ Skill Test	
	(Date & Time of reporting	
	at Examination Centre)	
8.	Candidates will report for written test as applicable along with	
verifica	ation of original documents and Biometric Attendance, candidate will	be allowed to appear for test.
	-	Non-thon-of-O-malidate
	ADMIT CARD (IN DUPLICATE)	Signature of Candidate
	ADMIT CARD (IN DOPLICATE)	
1.	Roll No	
••	(Not to be filled by candidate)	Resent
2.	Name of candidate	Passport size
2	Father's/Husband's Name	attested
3.	Date of Birth	photograph
4.	Application Registration No	of the
	(Not to be filled by candidate)	applicant
5.	Exam Centre Allotted	
	(Not to be filled by candidate)	
6.	Category (UR/SC/ST/OBC/EWS/PH)	
7.	Schedule of Exam	
	Written Test	
	(Date & Time of reporting	
	at Examination Centre)	
8.	Candidates will report for written test as applicable along with	original documents. Only after
	ation of original documents and Biometric Attendance, candidate will	

test.

Signature of Candidate

				<u>Appendix V</u>
	ne and Address of th ficate No	e Institute / Hospital) Date	<u>.</u>	Affix recent Passport Size (3.5 cm x 4.5 cm) photograph of the candidate showing the disability duly attested by the chairperson of the Medical Board
DISA	BILITY CERTIFICAT	<u>'E</u>		
1.	This is certified that	at Shri/ Smt/ Kumari		Son/ Wife/ Daughter of
Shri_	age			ntification mark (s)
		manent disability of	following car	tegory
Α.	Locomotor or Co	-		
(i) (ii)	BL – Both legs affe BA – Both arms aff		(a) (b)	Impaired reach Weakness of Grip
(iii)	BLA- Both legs and	both arms affected.	()	
(iv)	OL – One leg affect	,	(a) (b) (c)	Impaired reach Weakness of Grip Ataxic
(v)	OA – One arm affe	cted	(a) (b) (c)	Impaired reach Weakness of Grip Ataxic
(vi) (vii) B.		lly Blind nent_:-		ever is not applicable)
2. Re-a years	ssessment of the ca	progressive/ non-progres se is not recommended/is ths**		to improve/ not likely to improve. ded after a period of
3.	Percentage of disa	ability in his/ her case is		(%).
4. her d	Shri/ Smt/ Kumari uties.	meets the follow	ing physical	requirements for discharge of his/
(i)	•	ork by manipulating with fir	•	Yes/ No
(ii)	-	work by pulling and pushin	g.	Yes/ No
(iii) (ii)	L - can perform we	סרג by וותוחg. work by kneeling and crou	china	Yes/ No Yes/ No
(ii) (iii)	B - can perform w		cring.	Yes/ No
(iv)	S - can perform w	•		Yes/ No
(v)	ST - can perform	•		Yes/ No
(viii)	W - can perform w			Yes/ No
(ix)	SE - can perform			Yes/ No
(x)		ork by hearing/ speaking.		Yes/ No
(xi)	RW - can perform	work by reading and writing	ng.	Yes/ No
(Dr_)	(Dr)	(Dr)
Mem		Member		Member
Medi	cal Board	Medical Board		Medical Board
			Medi	ntersigned by the ical superintendent / CMO / d of the Hospital (with seal)

^{**} Strike out which in not applicable