

PROFORMA FOR APPLICATION

FOR OFFICE USE ONLY	
Application No. :	<input style="width: 90%;" type="text"/>
Date of Receipt :	____/____/2009



ADVT NO. : HWB / 01 / 2009

1. Post No. : _____ Name of the Post & Discipline : _____

2. Name in full beginning with : surname (in block letters)	First Name	<input style="width: 90%;" type="text"/>
	Middle Name	<input style="width: 90%;" type="text"/>
	Last Name	<input style="width: 90%;" type="text"/>

3. Date of birth (in Christian era) : - -

Age as on 01.07.2009 : Yrs Months Days

4. Marital Status : Married Un-married

5. Nationality : _____

6. i) Address in block letters for correspondence (with State, Pin code, Telephone No. with STD codes)

	PIN	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
TEL/ MOB	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>

Nearest Railway Station : _____

ii) Permanent Address (with : State, Pin code, Telephone No. with STD codes)

	PIN	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
TEL/ MOB	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>

7. (a) Whether the applicant belongs to :
Scheduled Caste/Scheduled Tribe/
Other Backward Class/General

SC ST OBC GEN

(b) Please mention the name of the Caste/Tribe : _____

8. Whether belongs to Minority Community [Muslim/Christian/Sikh/ Any Other(Please Specify)] : _____

9. Whether belongs to Ex-servicemen/Domiciled in Kashmir (If Yes, Specify) : _____

10. (a) Do you have any physical disability. (If Yes, Specify) : _____

(b) Mention the percentage of disability : _____

11. Educational and professional qualifications from SSC onwards :-

EXAM PASSED	UNIVERSITY / BOARD / INSTITUTION	YEAR OF PASSING	DETAILS OF MARKS			
			SUBJECTS/ TRADE	MAX MARKS	MARKS OBTAINED	% MARKS
SSC						
HSC						
ITI / DIPLOMA						
BA/B.Com/B.Sc (* ¹ Applicable)						
B.E. / B.TECH /M.E.						
OTHER QUAL. : ↓						

12. Indicate the course of study if any you are continuing presently :

Course	University / Board / Institution	Full Time/ Part Time	Duration of Course	No. of Semester / Subjects completed	Marks Obtained

13. Experience (particulars of all previous and present employment are to be furnished)

Post Held	Period		Name of the Organisation	Nature of Work	TEMP. / PMT.
	From	To			

(SR. NO. 14 & 15 APPLICABLE TO POST NO. 4 TO 10 ONLY)

14. Whether in possession of Heavy Vehicle Driving Licence :

YES	NO
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Heavy Vehicle Driving Licence No. _____ issued date _____
 validity period from _____ to _____.

15. (i) Height _____ Cms. (ii) Weight _____ Kgs.
 (iii) Chest _____ Cms (Normal) (iv) Chest _____ Cms. (Expansion)
 (v) Vision _____

16. Details of relatives employed in DAE or its Constituent Units:-

Sr. No.	Name	Relationship	Unit	Post

17. Are you under any contractual obligation to serve the Central/State Government /any other Public Sector Undertaking/Autonomous bodies? If yes, please furnish full details :

18. Whether the applicant has ever served in Central (including Defence) / State Government/Public Sector Undertaking/Autonomous Bodies and received / is in receipt of any pension, gratuity or employer's share to the Provident Fund? If yes, please furnish full details.

19. List of documents (as per check list to be attached to the application) : _____

CHECK LIST FOR THE CANDIDATES

Put '√' in the boxes applicable

1. Copy of the application completed and attached		2. Photograph affixed on the application and an additional copy of photograph attached with application.	
3. Application signed			
<u>5. An attested copy of each of the following certificate is attached :</u>			
a) Date of Birth certificate		b) Caste Certificate (if applicable)	
c) Physical disability certificate (if applicable)		d) Educational & Technical qualification	
e) Experience certificate		f) Discharge Certificate from Defence Services (if applicable)	

DECLARATION:

I hereby certify that the above stated information is factually correct to the best of my knowledge and belief. I have not suppressed any information and in case I have given wrong information or suppressed any fact, then my services are liable to be terminated without giving any notice or reasons thereof. I am not aware of any circumstances which might impair my fitness for the above assignment.

Place : _____

Date : _____

Signature of the Candidate