

PROFORMA FOR APPLICATION

FOR OFFICE USE ONLY

Application No. :

Date of Receipt :

**Affix Passport
size
Photograph**

Advertisement No. HWB/3/2005

Name of the Post: _____

Discipline : _____

01. Name in (BLOCK LETTERS) :
02. Father's Name :
03. Date of Birth :
04. Age as on 01.01.2006 : _____ Years _____ Months _____ Days
05. Employment Exchange
Registration No. and period
of validity :
06. i) Address in block letters
for correspondence (with
pin code, telephone No.) :
- ii) Permanent Address (with
pin code, telephone No.) :
07. Nationality :
08. Marital Status : Married / Un-married
09. Whether belongs to Minority Community:
[Muslim/Christian/Sikh/Any Other (Please Specify)]

10. i) Whether belongs to SC/ST/OBC/ Ex-servicemen/Domiciled in Kashmir (If yes, please specify) :
- ii) Please mention the name of the Sub-caste :
- iii) Do you have any physical disability (If yes, please specify) :

11. Educational Qualifications from SSC onwards :

Examination Passed	Name of the Institution	Year of passing	Subjects studied	% of marks	Class/ Division

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 Semesters / Subjects completed	Marks Obtained

13. Details of previous experience and present employment in chronological order:

Sl. No.	Name of the organisation and post held	Period		Nature of Duties	Reasons for leaving
		From	To		

14. Physical Standards:

Height : _____ cms. Vision : _____

Weight : _____ kgs.

15. Details of relatives employed in DAE or its constituent Units.

Sl. No.	Name of the relative	Relationship	Unit	Post held

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

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

CHECK LIST FOR THE CANDIDATES (TO BE ATTACHED TO THE APPLICATION)

Put 'X' in the boxes applicable

- | | | | |
|----|--|---|--------------------------|
| 1. | Copy of the application completed and attached | : | <input type="checkbox"/> |
| 2. | Photograph affixed on the application and an additional copy of photograph attached with application | : | <input type="checkbox"/> |
| 3. | Application signed | : | <input type="checkbox"/> |
| 4. | An attested copy of each of the following certificate is attached | : | |
| a) | Date of Birth | : | <input type="checkbox"/> |
| b) | Caste Certificate | : | <input type="checkbox"/> |
| c) | Educational / Technical qualification | : | <input type="checkbox"/> |
| d) | Experience | : | <input type="checkbox"/> |
| e) | Discharge Certificate from Defence Services (if applicable) | : | <input type="checkbox"/> |
| f) | Physical disability certificate (If applicable) | : | <input type="checkbox"/> |
| g) | Check list attached | : | <input type="checkbox"/> |

Date: _____

Signature: _____