

PROFORMA FOR APPLICATION

<u>FOR OFFICE USE ONLY</u>	
Application No. :	<input type="text"/>
Date of Receipt :	____/____/____

**Affix recent
Passport size
Photograph**

ADVT NO. : HWB / 01 / 2012

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

2. Name in full :
(As per SSC Certificate)
(In block letters)

3. Date of birth :
(in Christian era)

D	D		M	M		Y	Y	Y	Y

Age as on 01.07.2012 :

<input type="text"/>	<input type="text"/>	Yrs	<input type="text"/>	<input type="text"/>	Months	<input type="text"/>	<input type="text"/>	Days
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4. Sex :

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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5. Marital Status :

Married	<input type="checkbox"/>	Un-married	<input type="checkbox"/>
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6. Religion :

7. Nationality :

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

										PIN										
TEL/ MOB																				

Nearest Railway Station : _____

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

										PIN										
TEL/ MOB																				

9. E-mail ID : _____

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

GEN OBC SC ST

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

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

12. Are you domiciled in Jammu & Kashmir during the period from 01.01.1980 to 31.12.1989 ?
 (If YES, please attach the relevant documents)

Yes No

13. Are you a family member of those who died in 1984 Riots (if yes, please attach the relevant documents)

Yes No

14. Are you a Central Govt. Civilian Employee ?
 If YES, please attach necessary certificate (s)

Yes No

15. Are you an Ex-serviceman ?
 (If YES, enclose relevant certificate)

Yes No

16. Whether applying against Physically Handicapped (Say YES or NO)

Yes No

Indicate the type of disability (OH, HH)

(i) Nature of disability, indicate the category as OL/PD :
 (Please enclose relevant certificate)

(ii) Mention the percentage of disability
 (As certified by the Competent Medical Authority in the PH Certificate)

17. Educational and Professional Qualifications : (Fill in the applicable columns with reference to the post applied for. Additional columns may be added if required.)

(i) **Beginning with SSC onwards :**

Examination	University / Board / Institution	Year Of Passing / Appearing	Stream / Subjects	Medium	Details Of Marks		
					Max Marks	Marks Obtained	% Marks
SSC							
HSC							
Graduation							
Post Graduation							

Note : Candidates applying for the post of Jr. Hindi Translator should furnish a certificate indicating the medium of instruction at Graduation and Post Graduation Level.

ii) ITI/NCVT :

Examination	University / Board / Institution	Year Of Passing/ Appearing	Name of the Trade	Details Of Marks			Duration of the Course
				Max Marks	Marks Obtained	% Marks	
ITI							
NCVT							

iii) Diploma / Degree in Engineering :

Course	University / Board / Institution	Year Of Passing/ Appearing	Name of the Discipline	Details Of Marks			Duration of the Course	No. of semesters/ subjects completed (if pursuing)
				Max Marks	Marks Obtained	% Marks		
Diploma/ Licentiate								
B.E. / B.Tech/ AMIE								
Any other Post Graduation Degree								

18. 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

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

Post Held	Whether Central or a State Govt. / PSUs/ Autonomous Bodies / Private	Period		Name of the Organisation	Nature of Work	TEMP. / PMT.
		From	To			

(Sr. No. 20 APPLICABLE TO POST NO. 05 TO 12 ONLY)

20. 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 _____.

(Sr.No. 21 APPLICABLE TO POST NO. 05 TO 09 ONLY)

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

(Sr.No. 22 & 23 APPLICABLE TO STENOGRAPHER GR. III ONLY)

22. Shorthand Speed : (English) _____
(Hindi) _____
23. (i) Typing Speed : (English) _____
(Hindi) _____
24. Option to answer at the time of Written Exam / Interview : Hindi English
25. Details of relatives if any, employed in DAE or its Constituent Units:-

Sr. No.	Name	Relationship	Unit	Post

26. 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 :
27. 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.
28. 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>4. 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)	
g) Heavy Vehicle Driving Licence		h) Domiciled in Kashmir (if applicable)	
j) Family member of those died in 1984 Riots (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 aware of any circumstances which might impair my fitness for the above assignment.

Place : _____

Date : _____

Signature of the Candidate

Name : _____