

**\*\*Reference No.**  
**DS/HO-2026.....**

## APPLICATION FORM

**Note:** \*Please fill all the columns and in case any column not applicable, please mention NA. Incomplete form & without self-attested documents will not be accepted under any circumstances.

**\*\* This may be filled First 3 Letters of Your name in Capital Letters and Birth year.**

**For Example, Candidate Name is Mukesh Kumar and DOB is 15.09.1995, Now, it will be MUK1995.**

| 1.   | Post Applied for                                                                                                           | :     |                                                                                                                                                                                        |      |  |  | Affix<br>Self-attested<br>photograph |  |       |  |      |  |  |  |  |  |  |  |  |
|------|----------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--|--|--------------------------------------|--|-------|--|------|--|--|--|--|--|--|--|--|
|      | Location                                                                                                                   | :     |                                                                                                                                                                                        |      |  |  |                                      |  |       |  |      |  |  |  |  |  |  |  |  |
| 2.   | Name                                                                                                                       | :     |                                                                                                                                                                                        |      |  |  |                                      |  |       |  |      |  |  |  |  |  |  |  |  |
| 3.   | Father's/Husband's Name                                                                                                    | :     |                                                                                                                                                                                        |      |  |  |                                      |  |       |  |      |  |  |  |  |  |  |  |  |
| 4.   | *Date of Birth<br>(i)<br>(Enclose self-attested copy of DoB certificate without which application will be rejected)        | :     | <table border="1"> <tr> <th colspan="2">Day</th> <th colspan="2">Month</th> <th colspan="2">Year</th> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> |      |  |  | Day                                  |  | Month |  | Year |  |  |  |  |  |  |  |  |
| Day  |                                                                                                                            | Month |                                                                                                                                                                                        | Year |  |  |                                      |  |       |  |      |  |  |  |  |  |  |  |  |
|      |                                                                                                                            |       |                                                                                                                                                                                        |      |  |  |                                      |  |       |  |      |  |  |  |  |  |  |  |  |
| (ii) | Age<br>(as on last date of receipt of application)                                                                         |       | ____ Years ____ Months ____ Days                                                                                                                                                       |      |  |  |                                      |  |       |  |      |  |  |  |  |  |  |  |  |
| 5.   | *Category<br>UR/EWS/SC/ST/ OBC/PwD/Ex-SM<br>(Enclose self-attested certificate without which application will be rejected) | :     |                                                                                                                                                                                        |      |  |  |                                      |  |       |  |      |  |  |  |  |  |  |  |  |
| 6.   | Nationality                                                                                                                | :     |                                                                                                                                                                                        |      |  |  |                                      |  |       |  |      |  |  |  |  |  |  |  |  |
| 7.   | Correspondence Address                                                                                                     | :     |                                                                                                                                                                                        |      |  |  |                                      |  |       |  |      |  |  |  |  |  |  |  |  |
|      |                                                                                                                            |       |                                                                                                                                                                                        |      |  |  |                                      |  |       |  |      |  |  |  |  |  |  |  |  |
|      |                                                                                                                            |       |                                                                                                                                                                                        |      |  |  |                                      |  |       |  |      |  |  |  |  |  |  |  |  |
|      |                                                                                                                            |       | State:                                                                                                                                                                                 |      |  |  | Pin:                                 |  |       |  |      |  |  |  |  |  |  |  |  |
| 8.   | Email Id                                                                                                                   | :     |                                                                                                                                                                                        |      |  |  |                                      |  |       |  |      |  |  |  |  |  |  |  |  |
| 9.   | Mobile No.                                                                                                                 | :     |                                                                                                                                                                                        |      |  |  |                                      |  |       |  |      |  |  |  |  |  |  |  |  |

| 10. | *Educational/Professional Qualifications (in chronological order)<br>(Enclose self-attested copies of testimonials without which application will be rejected) |                          |            |          |               |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------|----------|---------------|
| SN  | Exam Passed                                                                                                                                                    | Name of University/Board | Yr of Pass | Subjects | %age of Marks |
| 1   |                                                                                                                                                                |                          |            |          |               |
| 2   |                                                                                                                                                                |                          |            |          |               |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |

|     |                                   |   |  |
|-----|-----------------------------------|---|--|
| 11. | Knowledge of Computer Application | : |  |
|-----|-----------------------------------|---|--|

| 12. | *Computer Degree/Diploma/Certificate<br>(Enclose self-attested copies of testimonials) |                          |            |          |          |             |
|-----|----------------------------------------------------------------------------------------|--------------------------|------------|----------|----------|-------------|
| SN  | Exam Passed                                                                            | Name of University/Board | Yr of Pass | Duration | Subjects | Grade /%age |
| 1   |                                                                                        |                          |            |          |          |             |
| 2   |                                                                                        |                          |            |          |          |             |

| 13. | *Work Experience, if any (in chronological order)<br>(Enclose self-attested copies of experience certificates) |                                                               |                   |    |                                   |                            |
|-----|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------|----|-----------------------------------|----------------------------|
| SN  | Name of the organization                                                                                       | Post Held<br>(also mention whether Regular/ Contractual/etc.) | Period of Service |    | Pay Scale/ Level/Salary per month | Nature of Duties Performed |
|     |                                                                                                                |                                                               | From              | To |                                   |                            |
| 1   |                                                                                                                |                                                               |                   |    |                                   |                            |
| 2   |                                                                                                                |                                                               |                   |    |                                   |                            |

|   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |

| 14. | Any other information such as Research Publications/Papers/Reports/Projects/Books etc., if applicable |                                                   |          |                                      |         |
|-----|-------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------|--------------------------------------|---------|
| SN  | Topic                                                                                                 | Institute/organization name of the publisher etc. | ISBN No. | Date of the publication/project etc. | Remarks |
| 1   |                                                                                                       |                                                   |          |                                      |         |
| 2   |                                                                                                       |                                                   |          |                                      |         |
| 3   |                                                                                                       |                                                   |          |                                      |         |

|      |                                                                                                               |   |  |
|------|---------------------------------------------------------------------------------------------------------------|---|--|
| 15.  | Language known                                                                                                | : |  |
| 16.  | Candidate may provide the following information and where the reply is yes, the details may also be provided: |   |  |
| (i)  | Have you ever been convicted in a court of law?                                                               | : |  |
| (ii) | Is there any departmental inquiry pending or contemplated against you?                                        | : |  |

|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |   |  |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|
| (iii) | Have you ever been debarred by any examination body ?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | : |  |
| (iv)  | Have you ever been declared unfit or asked to submit your resignation or discharged or dismissed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | : |  |
| 17.   | <b>Declaration by Candidate:</b><br><div style="margin-left: 40px;"> (i) I hereby declare that the above information is true and correct to the best of my knowledge and belief.<br/> (ii) I have read the advertisement and its clauses regarding age limit, educational qualification &amp; experience etc. and there is no false or incorrect representation of the same. If any of the above information is found to be false or incorrect, any ineligibility being detected before or after the examination/recruitment, my candidature/recruitment/appointment is liable to be cancelled without further notice.<br/> (iii) Those who are in Govt. service/PSU may route their application through proper channel or bring NOC.<br/> (iv) I have read the advertisement and I agree to the terms and conditions elaborated therein. </div> |   |  |

Place:

Date:

(Signature of Candidate)