	APPLICATIO	ON FORM		photo	graphs here
1	Post Applied (Name of Post) For	FOREST	GUARD	12	
2	Amount of application/processing fee & Bank Draft	No	dated	₹	
3	Full Name (In Block letters)				
4	Father's/ Husband's Name		X		
5	Correspondence Address with Pin code (in Block letter)	- Sell arms	alada ndi milinda		नवीनतम फोटो
	Mobile/ Phone Number with STD code, if any.	The set law			चिपकाएं
6	Permanent Address with Pin code (in Block letters) Mobile/ Phone Number with STD code, if any.		in encontractor		
7	Category to which belong: (Please attach self-attested Photostat copy of related Certificate).			TIL FAL	
8	Sex/ Gender	Male	Female_		
9	a) Date of Birth	Date	Month	_Year	
	b) Age as on the last date of receipt of application i.e.06 th July, 2025/ 20 th July,2025 (as the case may be).			;	
10	Whether age relaxation claimed, if so indicate Category	an China Ba			
11	Whether exemption of fee claimed if so, indicate category.				
12	Educational Qualification (Please attached s sheets.	elf-attested I	Photostat copy of ce	ertificates and	d mark
SI	L'Autoritie	Month &	Subjects	Marks	Percen tage of

Staple 02

SI No	Examination Passed (Tenth onwards)	Name of Board/ University	Month & Year of Passing	Subjects	Marks Obtained Total Marks	Percen tage of Marks
1	rie heitib- unita					
2	Second Second					
3						

13 Experience:

SI.	Post Held	Name of Employer	Period		Pay Scale
No			From	То	
					1 St.

14. Whether the candidate is under any contractual obligation to serve Central/ State Govt./ any other Public Sector Undertakings or Autonomous body and if so, give details (Attach NOC, if applicable).

List of Documents attached: 15

- 1. 2.
- 3.
- 4.

DECLRATION

I hereby declare that all the facts mentioned in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage or not satisfying the eligibility criteria according to the requirements of the relative advertisement, my candidature / application is liable to be cancelled/ terminated.

PLACE

DATE _____

Signature of Applicant

Name of the Applicant_

Remarks of the forwarding Authority (in case of Govt. Employees): Certified that

The particulars furnished by Sh./ Smt.__ are correct

There is no vigilance /disciplinary case either pending or contemplated against him/ her i) ii)

Integrity of the applicant is certified iii)

ACRs grading attested by an officer not below the Rank of an Under Secretary to the iv) Government of India are enclosed.

> (Signature of Head of the Department/ Forwarding Authority)

Date :

Name Department Mobile/Telephone /(Fax No.)_