

APPLICATION FORM

1. Name (in Block letter): _____
2. Father's Name: _____
3. Mother's Name: _____
4. Date of Birth: _____
5. Age (as on last date): _____ Years _____ Months _____ Days
6. Permanent Address:
Village _____ Post Office _____
Tehsil _____ District _____
State _____ PIN Code _____
7. Police Station: _____
8. Religion: _____
9. Category (UR/OBC/SC/ST): _____
10. Education Qualification : _____

Latest
Photograph

Name of the Examination Passed	Year of Passing	Name of the Board/University	Percentage	Division

11. Aadhar Number: _____
12. Contact No: _____
13. Blood Group (if know): _____
14. Identification Marks:
(a) _____ (b) _____
15. Marital Status: _____
16. Next of Kin (NOK) Details:
Name : _____ Relation _____
Address. _____
Contact No _____
17. Document Attached
(a) _____
(b) _____
(c) _____
(d) _____
(e) _____
(f) _____
(g) _____

Date: _____

Signature of Applicant

CHARACTER CERTIFICATE

This is certify that Mr. _____ S/O Mr. _____, resident of Village/ Town _____
Post _____ Tehsil _____ District _____
State _____ is personally know to me for the last _____ years

To the best of my knowledge and belief, his character is Good.
He has been involved in any criminal or anti social activities.

This certificate be being issued upon his request for the purpose of applying in the Indian
Army Porter Recruitment

Date :

Signature _____

Name _____

Designation _____

Office Address _____

with official stamp/seal

CERTIFICATE OF MEDICAL FITNESS

To be obtained only from Gazetted Government Medical officer/Medical Officer of a Government Undertaking. (Please note that in no other form this certificate will be accepted. Medical Certificates issued by private medical practitioners will not be accepted.)

Name.....
Father's Name :
Blood group
Height :Weight
Chest:.....cm (Normal).....cm (Expanded)
Vision : L :R :
Colour Vision :
Hearing :
Hernia/HydrocelePiles :
Any other disease diagnosed in past:.....
List of prescribed medication, If any
1.
2.
3.....

I certify that I have carefully examined Mr./Ms.....son
of Mr.....who has signed in my presence. He/she has
no mental and physical disease and is FIT.

Signature of the candidate

Date

Signature of the Medical Officer
with legible seal.