

PERFORMA FOR APPLICATION

To,

**The Presiding Officer,
Civilian Direct Recruitment Board,
CHQ, ASC Centre (South)
Agram Post, Bangalore -07**

Recent
Passport size
photo duly
self-attested

1. Post applied for : _____
2. Name of the Candidate (Full Name) : _____
3. Mobile Number (Functional) : _____
4. E-Mail ID (Functional) : _____
5. Aadhar No : _____
6. Father's Name : _____
7. Date of Birth (As per Matriculation certificate)
(DD/MM/YYYY) : _____
8. Correspondence Address:-
House No/ Street/ Village : _____
Post Office : _____
District : _____
State : _____
Pin Code : _____
9. Permanent Address:-
House No/ Street/ Village : _____
Post Office : _____
District : _____
State : _____
Pin Code : _____
10. Educational Qualification
(Matric/ITI/Diploma/12th/
Graduation/Post Graduation) : _____
11. Educational Qualification

Ser No	Qualification	Name of School/ College	Name of Board/ University	% of Marks Obtained	Remarks

12. Gender (Male/Female/ Other) : _____
13. Category (UR/ SC/ ST/ OBC/
EWS/ PH/ ESM/ MSP) : _____
14. If applied for the Post of Ex Serviceman
(Date of enrolment in Army/ Navy/ Air Force
and date of retirement and attach copy of
Discharge Book/ certificate/ NOC) : _____

15 If applied for the post in PH category:-

Type of Disability (OH/ HH/ VH/ Mental illness/ Multiple disability)	Percentage of Disability (40% and above)	Remarks
		Enclose Disability certificate issued by CMO/ Civil surgeon of Govt hospital certifying the disability.

16. Whether registered with any : _____
employment exchange
(If yes, mention registration No and Name of
employment exchange)

17. Whether employed in Central Govt Services : Yes/ No
(If yes, give details as per following format &
attach serving certificate duly signed by HoD)

Name of employer	Name of Post	Date of Appointment	Serving since	Office Address

18. Name of the stations, a candidate wishes to be posted, if selected in the order of preference:-

- (a) 1st Choice : _____
(b) 2nd Choice : _____
(c) 3rd Choice : _____

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DECLARATION

I hereby certify that above particulars mentioned in the application form are correct and true 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 advertisement, my candidature/ appointment is liable to be cancelled/ terminated. I am willing to serve anywhere. I agree that department has the right to transfer me to anywhere in India.

Dated :

(Signature of the Candidate)

Place :

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Enclosures:-

- (i) Two Self-Attested Photographs (Name & father's name on the back side of photo).
(ii) One self-addressed registered envelope duly affixed with appropriate postal stamps.
(iii) Self-Attested copies of certificates (____) Sheets.
(vi) Admit Card in duplicate.

FORMAT FOR THE APPLICATION COVER (ENVELOPE)

APPLICATION FOR THE POST OF		(SIGNATURE OF THE CANDIDATE)
PERCENTAGE IN MATRICULATION/ EQUIVALENT	% (<i>UPTO 50% IN RED INK ONLY</i>)	
	% (<i>BETWEEN 51% TO 60% IN BLUE INK ONLY</i>)	
	% (<i>61% AND ABOVE IN BLACK INK ONLY</i>)	

To,

4 ¾
Inch

11 Inch

ADMIT CARD (IN DUPLICATE)

(Applicable wherever Physical/ Skill Test is mandatory)

1. Roll No _____
(Not to be filled by candidate)
2. Name of candidate _____
2. Father's/Husband's Name _____
3. Date of Birth _____
4. Application Registration No _____
(Not to be filled by candidate)
5. Exam Centre Allotted _____
(Not to be filled by candidate)
6. Category (UR/SC/ST/OBC/EWS/PH) _____
7. Schedule of Exam _____

Resent
Passport size
attested
photograph
of the
applicant

Physical/ Skill Test - _____
(Date & Time of reporting
at Examination Centre)

8. Candidates will report for written test as applicable along with original documents. Only after verification of original documents and Biometric Attendance, candidate will be allowed to appear for test.

Signature of Candidate

ADMIT CARD (IN DUPLICATE)

1. Roll No _____
(Not to be filled by candidate)
 2. Name of candidate _____
 2. Father's/Husband's Name _____
 3. Date of Birth _____
 4. Application Registration No _____
(Not to be filled by candidate)
 5. Exam Centre Allotted _____
(Not to be filled by candidate)
 6. Category (UR/SC/ST/OBC/EWS/PH) _____
 7. Schedule of Exam _____
- Written Test - _____

Resent
Passport size
attested
photograph
of the
applicant

(Date & Time of reporting
at Examination Centre)

8. Candidates will report for written test as applicable along with original documents. Only after verification of original documents and Biometric Attendance, candidate will be allowed to appear for written test.

Signature of Candidate

DECLARATION BY OBC CANDIDATES ONLY

(Similar endorsement should be given the cast certificate from the competent authority)

"I..... Son / Daughter / Wife of Shri Residenceof
village/Town/City District State Hereby declare that I belong to the
..... Community which is recognized as a backward class by the Government of India for the purpose
of reservation in service as per order applicable to concerned State. It is also declared that I do not belong
to persons/sections (Creamy Layer).

Place :
Date :

(Signature of Candidate)
Name _____