

To,

14 Field Ammunition Depot
PIN – 909714
C/O 99 APO

Affix recent
passport
size

APPLICATION FOR RECRUITMENTRect notice No......

1. Post applied for
2. Name of candidate (in block letters)
3. Father's Name
4. Date of Birth :

D	D	M	M	Y	Y

5. Correspondence Address :-
House No. /Street/Village
Post Office
DistrictState.....
PIN Code.....
6. Permanent Address :-
House No. /Street/Village
Post Office
DistrictState.....
PIN Code.....
7. Educational Qualification :

S No.	Qualification	Name of School/College	Name of Board/ University	% of marks obtained

8. Category for which applied :

(a)

UR	SC	ST	OBC
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(b) Whether belong to :

PH	ESM	Others
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9. If applied for the post as Ex-serviceman :

Date of enrolment (In Army/Navy/Air force) Date of retirement.....
Total service.....Yrs.....Months.....days (attach copy of discharge certificate/ NOC).

10. If applied for the post in PH category :

Type of disability (HH)	Percentage of disability

11. Whether registered with any employment exchange ? (Yes/No) (If yes, mentioned registration No. and name of Employment exchange).

12. Whether employed in central govt services ? Yes/No
If Yes, give details as under :-

Name of employer	Office address	Name of the post	Date of appointment

DECLARATION

13. I hereby certify that above particulars mentioned in the application are correct and true to the best of my knowledge and belief. I understand that in the event of my 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 the department has the right to transfer me to anywhere in India.

Date :

Place : (Signature of Candidate)

.....
FOR OFFICE RECORD ONLY

1. Application received on
2. Application accepted/rejected
3. Reason for rejection : Underage/Overage/Documents incomplete/Photo or documents not attested/Any other reasons to be specified :-
.....

.....
4. Index No..... Date of test/interview.....

DISABILITY CERTIFICATE

Name & Address of the institute/Hospital
Certificate No _____

Date _____

Recent photograph
of the candidate
showing the
disability duly
attested by the
Chairperson of the
M P B I

1. This is certificate that Shri _____ son of Shri _____ age _____ Sex _____ identification mark (s) _____ is suffering from permanent disability of following category :

- (c) Hearing impairment
(i) D-Deaf
(ii) PD-Partially Deaf

2. This condition is progressive/non-progressive/likely to improve/not likely to improve. Re-assessment of this case is not recommended after a period of _____ yrs _____ months.

3. Percentage of disability in his/her case is _____ percent.

4. Sri/Smt/Kumari _____ meets the following physical requirements for discharge of this/her duties :-

- | | | |
|-----|---|--------|
| (a) | F-can perform work by manipulation with fingers | Yes/No |
| (b) | PP- can perform work by pulling and pushing | Yes/No |
| (c) | L- can perform work by lifting | Yes/No |
| (d) | KC -can perform work by kneeling and crouching | Yes/No |
| (e) | B-can perform work by bending | Yes/No |
| (f) | S-can perform work by sitting | Yes/No |
| (g) | ST-can perform work by standing | Yes/No |
| (h) | W-can perform work by walking | Yes/No |
| (j) | SE-can perform work by seeing | Yes/No |
| (k) | H-can perform work by hearing/speaking | Yes/No |
| (l) | RW-can perform work by reading and writing | Yes/No |

(Dr _____)
Member
Medical Board

(Dr _____)
Member
Medical Board

(Dr _____)
Member
Medical Board

Countersigned by the
Medical Superintendent/CMO/
Head of Hospital (with seal)

ACKNOWLEDGEMENT CARD

1. Name _____
2. Date of Birth _____
3. Father's Name _____
4. Correspondence Address :-
House No. /Street/Village _____
Post Office _____
District _____ State _____
PIN Code _____
5. Application accepted/rejected and date of test/interview if accepted _____

6. Reason for rejection : _____
7. Date of reporting for test _____
8. Venue of test _____