PERFORMA FOR APPLICATION

To,

The Presiding Officer,
Civilian Direct Recruitment Board,
CHQ, ASC Centre (South) – 2 ATC/ASC Centre (North)-1 ATC
Agram Post, Bangalore -07

Recent Passport size photo duly self-attested

Post a	pplied for		•		
Name	of the Candidate	(Full Name)	:		
	Number (Function		:		
	ID (Functional)	÷	:		
Aadha					
Father	r`s Name		:		
Date of Birth (As per Matriculation certificate) (DD/MM/YYYY)			:		
Corres	spondence Addre	SS:-			
House No/ Street/ Village		<u>.</u>			
	Post Office	-	• •		
	District				
	State		<u>:</u>		
	Pin Code		:		
Perma	anent Address:-				
	House No/ Stree	et/ Village	:		
	Post Office	-	:		
	District		·		
	State		·		
	Pin Code		·		
Educa	tional Qualificatio	n	:		
(Matrio	c/ITI/Diploma/12th				
-	c/ITI/Diploma/12 th ation/Post Gradua	/			
Gradu		/ ation)			
Gradu	ation/Post Gradua	/ ation)	Name of Board/ University	% of Marks Obtained	Remarks
Gradu Educa Ser	ation/Post Graduational Qualificatio	/ ation) n Name of		Marks	Remarks
Gradu Educa Ser	ation/Post Graduational Qualificatio	/ ation) n Name of		Marks	Remarks
Gradu Educa Ser	ation/Post Graduational Qualificatio	/ ation) n Name of		Marks	Remarks
Educa Ser No	ation/Post Graduational Qualificatio	/ ation) n Name of School/ College	Board/ University	Marks	
Gradu Educa Ser No Gende	ation/Post Graduational Qualification	/ ation) n Name of School/ College Other)	Board/ University	Marks Obtained	

If applied for the post in PH category:-15

	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.		er employed in C , give details as p					
	Nam	e of employer	Office Address	Name of Post	Date of Appointment		
18.	Name	of the stations, a	candidate wishes to	be posted, if selected in	the order of preference:-		
	(a)	1 st Choice	:				
	(b)	2 nd Choice	:				
	(c)	3 rd Choice	:				
====	=====	=========	 DECL	======================================			
ncorre adverti	f my kr ect at a semen	nowledge and be any stage or no t, my candidature	elief. I understand that ot satisfying the eli- e/ appointment is lia	at in the event of any ing gibility criteria accordin	form are correct and true to not formation being found fals g to the requirements of rminated. I am willing to see in India.		
Dated	:				signature of the Candidate)		
Place	:						
Enclos	sures:-		=				
	(i) (ii) (iii) (vi)	One self-addres	sed registered envelopies of certificates (ne & father's name on the ope duly affixed with app) Sheets.	• ,		

Appendix I

FORMAT FOR THE APPLICATION COVER (ENVELOPE)

	A		
	PERCENTAGE IN MATRICULATION/ EQUIVALENT	% (UPTO 50% IN RED INK ONLY)% (BETWEEN 51% TO 60% IN BLUE INK ONLY)% (61% AND ABOVE IN BLACK INK ONLY)	(SIGNATURE OF THE CANDIDATE)
4 ¾ Inch	Т	¯O,	

11 Inch