

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 : _____

=====

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 :

=====

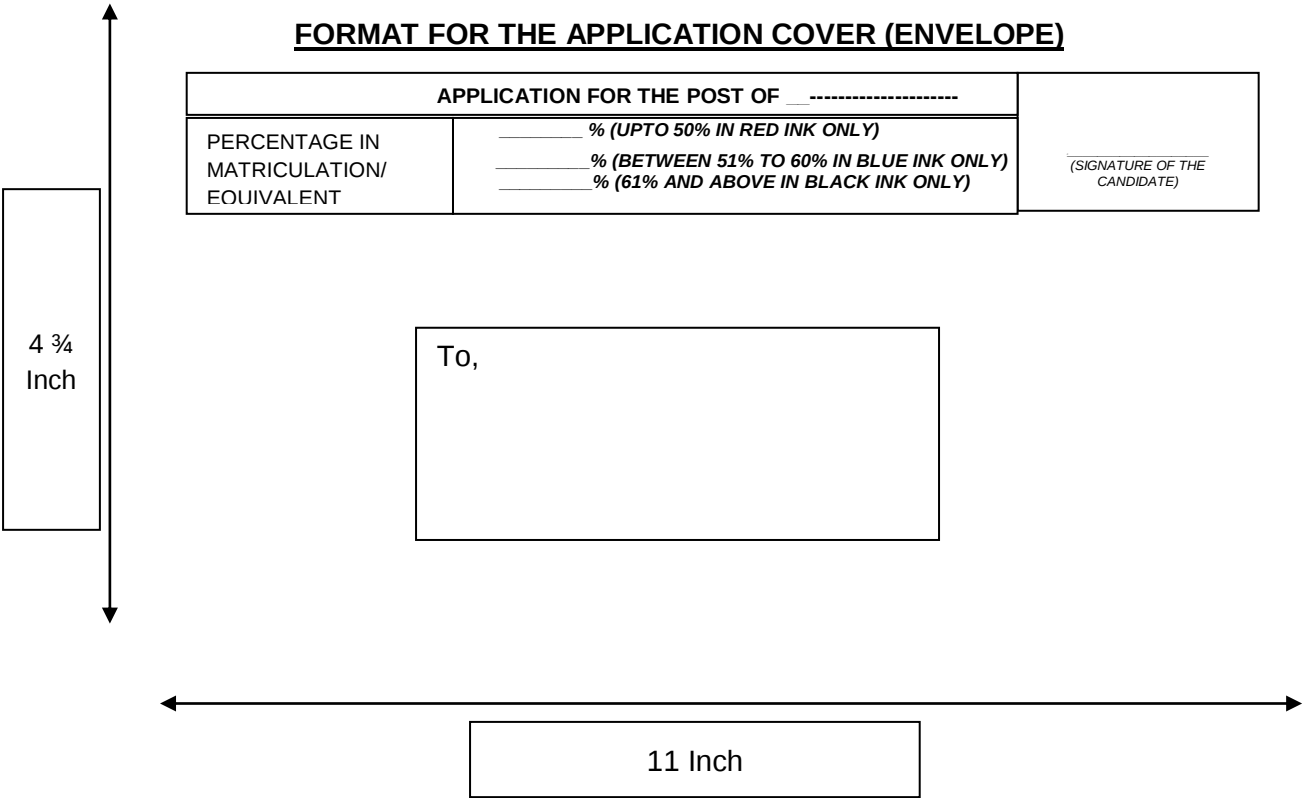
Enclosures:-

- (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	_____ % (UPTO 50% IN RED INK ONLY)	
	_____ % (BETWEEN 51% TO 60% IN BLUE INK ONLY)	
	_____ % (61% AND ABOVE IN BLACK INK ONLY)	

To,



Government of
(Name & Address of the authority issuing the certificate)

INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTION

Certificate No _____

Date _____

VALID FOR THE YEAR

1. This is to certify that Shri /Smt / Kumari _____ son/daughter/wife of _____ permanent resident of _____ Village/Street _____ Post Office _____ Pin Code _____ whose photograph is attested below belong to Economically Weaker, since the gross annual income * of his/her “family”** is belong Rs. 8 lakh (Rupees Eight Lakh only) for the financial year _____. His/her family does not own or possess any of the following assets***.

- I. 5 acres of agricultural land and above.
- II. Residential flat of 1000 sq. ft and above.
- III. Residential plot of 100 sq yards and above in notified municipalities.
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt/Kumari _____ belong to the _____ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List).

Signature with seal of Office

Name _____

Designation _____

Resent
Passport size
attested
photograph of
the applicant.

* Note 1: Income covered all sources i.e. salary, agriculture, business, profession etc.

** Note 2: The term “Family” for the purpose includes the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years.

*** Note 3: The property held by a “Family” in different location or different places/cities have been clubbed while applying the land of property holding test to determine EWS status.

Appendix-III

**FORM OF UNDERTAKING TO BE GIVEN BY CANDIDATES APPLYING
FOR CIVIL POSTS UNDER EX-SERVICEMAN CATEGORY**

I understand that, if selected on the basis of the recruitment/ examination to which this application relates, my appointment will be subject to my producing documentary evidence to the satisfaction of the appointing authority that I have been duly released/retired/discharged from the Armed Forces and that am entitled to the benefits admissible to Ex-Servicemen in terms of the Ex-Servicemen (Re-employment in Central Civil Services and Posts) Rule, 1979, as amended from time to time.

I also understand that I shall not be eligible to be appointed to a vacancy reserved for Ex-Servicemen in regard to the recruitment covered by this examination, if I have at any time prior to such appointment secured any employment on the Civil side (including Public Sector Undertaking autonomous Bodies/Statutory Bodies, Nationalized Banks, etc.) by availing of the concession of reservation of vacancies admissible to Ex-Servicemen.

Place :

(Signature of Candidate)

Date :

Appendix-IV

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 :

(Signature of Candidate)

Date :

Name _____

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 _____

Resent
Passport size
attested
photograph
of the
applicant

Written 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 written test.

Signature of Candidate

Appendix V

Affix recent Passport Size (3.5 cm x 4.5 cm) photograph of the candidate showing the disability duly attested by the chairperson of the Medical Board

(Name and Address of the Institute / Hospital)

Certificate No _____ Date _____

DISABILITY CERTIFICATE

1. This is certified that Shri/ Smt/ Kumari _____ Son/ Wife/ Daughter of Shri _____ age _____ sex _____ identification mark (s) _____ is suffering from _____ permanent disability of _____ following category

A. **Locomotor or Cerebral Palsy** :-

- | | |
|--|----------------------|
| (i) BL – Both legs affected but not arms. | |
| (ii) BA – Both arms affected | (a) Impaired reach |
| | (b) Weakness of Grip |
| (iii) BLA- Both legs and both arms affected. | |
| (iv) OL – One leg affected (Right or left) | (a) Impaired reach |
| | (b) Weakness of Grip |
| | (c) Ataxic |
| (v) OA – One arm affected | (a) Impaired reach |
| | (b) Weakness of Grip |
| | (c) Ataxic |

- (vi) BH – Stiff back and hips (cannot sit or stoop)
(vii) MW – Muscular weakness and limited physical endurance.

B. **Blindness or Low Vision** :-

- (i) B - Blind
(ii) PB - Partially Blind

C. **Hearing Impairment** :-

- (i) D - Deaf
(ii) PD - Partially Deaf (Delete the category whichever is not applicable)

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

3. Percentage of disability in his/ her case is _____ (%).

4. Shri/ Smt/ Kumari _____ meets the following physical requirements for discharge of his/ her duties.

- | | |
|--|---------|
| (i) F - can perform work by manipulating with fingers. | Yes/ No |
| (ii) PP - can perform work by pulling and pushing. | Yes/ No |
| (iii) L - can perform work by lifting. | Yes/ No |
| (ii) KC - can perform work by kneeling and crouching. | Yes/ No |
| (iii) B - can perform work by bending. | Yes/ No |
| (iv) S - can perform work by sitting. | Yes/ No |
| (v) ST - can perform work by standing. | Yes/ No |
| (viii) W - can perform work by walking. | Yes/ No |
| (ix) SE - can perform work by seeking. | Yes/ No |
| (x) H - can perform work by hearing/ speaking. | Yes/ No |
| (xi) 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 the Hospital (with seal)

** Strike out which is not applicable

CBC 10602/11/0004/2627