

1.	Name of the C	COLUMN TO THE PARTY OF THE PART	В	IO-DATA	OF VIROLOG		Latest PP Photograph
	Name of the P				ACT POSITIONS		
		N BLOCK LETTE					
4.	Name in full (i	in Devnagari scı					
					(Name)		usband)
5.	Mother's Nar	ne	:				
	Father's Na	me	: _				
	Husband's Na	ime	: _				
6.	Address for C	Correspondence	: _				
	Mobile No: _		E				
7.	Permanent A	ddress	: _				
8.	Date of Birth		:	DD / MM /	YYYY 6/2021: Y	ears	Months
9.	Whether SC/	/ST/OBC/Gener					
			•		Casto	e:	
10.	Whether Phy	ysically Handica			If Yes percentage	e of disability	
10. 11.	Whether Phy Marital Statu	•	pped : `	Yes/No	If Yes percentage	e of disability sability	
	Marital Statu	us	pped : `	Yes/No Married / Unm	If Yes percentage Type of di	e of disability sability /Widow	
11. 12.	Marital Statu Educational	us	pped : `	Yes/No Married / Unm (attach addition YEAR OF	If Yes percentage Type of dia arried/ Divorced hal sheet if requir	e of disability sability /Widow red):	
11. 12.	Marital Statu Educational	us Qualifications (pped : ` : SSC Onwards) (Yes/No Married / Unm (attach additior	If Yes percentage Type of dia arried/ Divorced nal sheet if requi	e of disability sability /Widow red):	
11. 12. SF NO	Marital Statu Educational	us Qualifications (pped : ` : SSC Onwards) (Yes/No Married / Unm (attach addition YEAR OF	If Yes percentage Type of dia arried/ Divorced hal sheet if requir	e of disability sability /Widow red):	
11. 12. SF NO	Marital Statu Educational EXA C.	us Qualifications (pped : ` : SSC Onwards) (Yes/No Married / Unm (attach addition YEAR OF	If Yes percentage Type of dia arried/ Divorced hal sheet if requir	e of disability sability /Widow red):	
11. 12. SF NO 1	Marital Statu Educational EXA C.	us Qualifications (pped : ` : SSC Onwards) (Yes/No Married / Unm (attach addition YEAR OF	If Yes percentage Type of dia arried/ Divorced hal sheet if requir	e of disability sability /Widow red):	
11. 12. SF NO 1	Marital Statu Educational EXA C.	us Qualifications (pped : ` : SSC Onwards) (Yes/No Married / Unm (attach addition YEAR OF	If Yes percentage Type of dia arried/ Divorced hal sheet if requir	e of disability sability /Widow red):	
11. 12. SF NO 1 2 3	Marital Statu Educational	us Qualifications (pped : ` : SSC Onwards) (Yes/No Married / Unm (attach addition YEAR OF	If Yes percentage Type of dia arried/ Divorced hal sheet if requir	e of disability sability /Widow red):	
11. 12. SF NO 1 2 3 4	Marital Statu Educational	us Qualifications (: M PASSED	pped : SSC Onwards) (GRADE	Yes/No Married / Unm (attach addition YEAR OF PASSING	If Yes percentage Type of dia arried/ Divorced hal sheet if requir	e of disability sability /Widow red): SPECIAL	
11. 12. SF NO 1 2 3 4 5 6 13.	Marital Statu Educational EXA D. Work Experi	us Qualifications (: M PASSED	SSC Onwards) (GRADE om latest (Tot	Married / Unm (attach addition YEAR OF PASSING al Experience _	If Yes percentage Type of disarried/ Divorced hal sheet if require BOARD/ UNIVERSITY Years AME OF THE	e of disability sability /Widow red): SPECIAL Mon	LIZATION withs) : SON FOR
11. 12. SF NO 1 2 3 4 5 6	Marital Statu Educational EXA D. Work Experi	Qualifications (: M PASSED	: SSC Onwards) (GRADE Tom latest (Tot	Married / Unm (attach addition YEAR OF PASSING al Experience _	If Yes percentage Type of disarried/ Divorced hal sheet if require BOARD/ UNIVERSITY Years	e of disability sability /Widow red): SPECIAL Mon	iths) :
11. 12. SF NO 1 2 3 4 5 6 13.	Marital Statu Educational B. EXA D. Work Experi	Qualifications (: M PASSED ience starting free FRIOD	SSC Onwards) (GRADE om latest (Tot	Married / Unm (attach addition YEAR OF PASSING al Experience _	If Yes percentage Type of disarried/ Divorced hal sheet if require BOARD/ UNIVERSITY Years AME OF THE	e of disability sability /Widow red): SPECIAL Mon	LIZATION withs) : SON FOR
11. 12. SF NO 1 2 3 4 5 6 13.	Marital Statu Educational B. EXA D. Work Experi	Qualifications (: M PASSED ience starting free FRIOD	SSC Onwards) (GRADE om latest (Tot	Married / Unm (attach addition YEAR OF PASSING al Experience _	If Yes percentage Type of disarried/ Divorced hal sheet if require BOARD/ UNIVERSITY Years AME OF THE	e of disability sability /Widow red): SPECIAL Mon	LIZATION withs) : SON FOR
11. 12. SF NO 1 2 3 4 5 6 13.	Marital Statu Educational B. EXA D. Work Experi	Qualifications (: M PASSED ience starting free FRIOD	SSC Onwards) (GRADE om latest (Tot	Married / Unm (attach addition YEAR OF PASSING al Experience _	If Yes percentage Type of disarried/ Divorced hal sheet if require BOARD/ UNIVERSITY Years AME OF THE	e of disability sability /Widow red): SPECIAL Mon	LIZATION withs) : SON FOR

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14.	Employment Exchange Registration details, [if available]: No.:Exchange:					
15.	If selected what period would you require joining the post:					
16.	Have you ever been declared unfit by a Medical Board/Court for appointment in any Govt. service?					
	Yes / No		(If yes, details)			
	I hereby declare that the particulars furnished in this form by me are true to the best of n					

knowledge and belief. If any of the above information is found to be incorrect or misleading, I am liable to be disqualified for the recruitment process.

Date:	 	 	
Place:			