

**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

- =====
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/12<sup>th</sup>/  
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<br>(OH/ HH/ VH/ Mental illness/<br>Multiple disability) | Percentage of<br>Disability<br>(40% and above) | Remarks  |
|--|--|--|
|  |  | Enclose Disability<br>certificate issued by<br>CMO/ Civil surgeon<br>of Govt hospital<br>certifying the<br>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<br>employer | Name of Post | Date of<br>Appointment | Serving since | Office Address |
|---------------------|--------------|------------------------|---------------|----------------|
|                     |              |                        |               |                |

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

- (a) 1<sup>st</sup> Choice : \_\_\_\_\_  
(b) 2<sup>nd</sup> Choice : \_\_\_\_\_  
(c) 3<sup>rd</sup> 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 .....          |   | _____<br>(SIGNATURE OF THE CANDIDATE) |
| PERCENTAGE IN MATRICULATION/<br>EQUIVALENT | _____% (UPTO 50% IN RED INK ONLY)<br>_____% (BETWEEN 51% TO 60% IN BLUE INK ONLY)<br>_____% (61% AND ABOVE IN BLACK INK ONLY) |                                       |

To,

4 ¾  
Inch

←-----→

11 Inch

**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).

|  |
|--|
| Resent<br>Passport size<br>attested<br>photograph of<br>the applicant. |
|--|

Signature with seal of Office  
Name  
Designation

\* 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 :  
Date :

(Signature of Candidate)

**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 ..... Residence .....of 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<br>Passport size<br>attested<br>photograph<br>of the<br>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<br>Passport size<br>attested<br>photograph<br>of the<br>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<br>(b) Weakness of Grip               |
| (iii) BLA- Both legs and both arms affected.                 |  |
| (iv) OL – One leg affected (Right or left)                   | (a) Impaired reach<br>(b) Weakness of Grip<br>(c) Ataxic |
| (v) OA – One arm affected                                    | (a) Impaired reach<br>(b) Weakness of Grip<br>(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