

Special Recruitment Drive for Persons with Disabilities

APPLICATION FORM

For office use only

Application No. :

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Affix Passport size self attested Photograph

Put "X" in the appropriate box

1. Advertisement No. :

2. Post code :
Name of the Post :

3. Full Name (BLOCK LETTERS) :
(As per SSC Certificate)

4. Address

Address for correspondence with pin code		Permanent Address with pin code	
Phone No.			
Mobile No.			
E-mail ID			

5. Date of Birth :

D	D	M	M	Y	Y	Y	Y

6. Nationality :

7. Marital status :

Married	Unmarried

8. Religion :

9. Whether belongs to Minority Community [Muslim/Christian/Sikh/any other (Please specify)]

10. Whether belongs to :

SC		ST		OBC		GEN	
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Please specify Sub-caste :

11. Were you domiciled in Kashmir Division of the State of Jammu & Kashmir during the period from 01.01.1980 to 31.12.1989 ? If yes, please attach the relevant documents

Yes		No	
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12. Are you children / family member of those who died in 1984 riots ? If yes, please attach the relevant documents.

Yes		No	
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13. Are you a Central Govt. Civilian employee ?

Yes		No	
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 If yes, please attach necessary certificates

14. Indicate the type of Disability

(i) Nature of disability, indicate the category as VH/HH

VH		HH	
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(ii) Mention the percentage of disability (as certified by the Competent Medical Authority in the PH Certificate)

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15. Educational & professional qualifications (Beginning with 10th Std.) :

Examination	Board / University	Year of passing	Subjects	Details of Marks		
				Max. Marks	Marks obtained	% of Marks

16. Course of study, the applicant is continuing presently :-

Course of study	Board / University	Full time / Part time	Duration of the course	No. of semester/ subjects completed	Marks obtained

17. Experience, if any (particulars of all previous and present employment are to be furnished)

Name & address of employer	Post held	Whether Central or a State Govt./PSUs/ Autonomous bodies	Period		Permanent or Temporary	Reasons for leaving
			From	To		
Total experience			Year		Month	

18. Details of relatives employed in DAE or its constituent units :-

S.N.	Name	Relationship	Unit	Post held

19. Are you in receipt of any scholarship from the Department of Atomic Energy? If so, please furnish particulars.

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20. Are you under any contractual obligation to serve the Central/State government/any other Public Sector Undertaking/Autonomous Bodies? If so, please furnish full details.

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21. Name, address and phone / mobile Nos. of two persons to whom a reference can be made :-

1.	2.
Phone / Mobile No :	Phone / Mobile No :

22. Whether the applicant has ever served in Central or State Government or any other organisation and is in receipt of any pension, gratuity or employer's share to the Provident Fund ? Details thereof :-

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23. Any other information you may wish to add

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DECLARATION

1. I hereby declare that the above information is factually correct to the best of my knowledge and belief.
2. I am aware that my application is liable to be rejected if the information given is incomplete or found to be incorrect.
3. I understand that in the event of any information being found false or incorrect at any stage or not satisfying the eligibility conditions according to the requirements mentioned in the advertisement, my candidature / appointment is liable to be cancelled / terminated.
4. I undertake to abide by all the condition specified in the advertisement.

Place : _____

Signature of the candidate

Date : _____

Name _____

CHECK LIST FOR THE CANDIDATES (TO BE ATTACHED WITH THE APPLICATION)

(Put X in the Boxes applicable)

1. Copy of application completed and attached
2. Self attested Photograph affixed on the applications
3. Application signed
4. A self attested copy of each of the following certificates is attached :-
 - a. Proof of Date of birth
 - b. Caste certificate
 - c. PWD Certificate
 - c. Educational & professional qualifications
(Mark list/Board/Degree Certificate - 10th Std. onwards)
 - d. Domicile certificate if domiciled in Kashmir Division of the State of Jammu & Kashmir (if applicable)
 - e. Relevant document if a family member of those who died in 1984 riots (if applicable)
 - f. Discharge certificate from Defence Service (if applicable)
 - g. Forwarding letter if employed in Central Govt. / State Govt. / PSU (if applicable)
 - h. Check list attached

Place : _____

Date : _____

Signature:-----

Name : _____