

APPLICATION FORM

Sr.No	
(For Official	Use only)

Signature of Applicant_____

Date _____

Post Applied For:						Please paste 1x recent	
	Quota Applicable:					photograph with gum	
	ne of Applicant						
. Fath	er's Name						
. CNI	C No		4. Date o				
. Gen	Gender (Male/ Female) 6.Disability (If any)						
. Reliç	Religion 8. Email Address				s		
. Post	al Address:						
0. Dom	District						
	tact No.(Line/mobile)_						
	ing License type:(a) Lise attach copy of valid o					TV 🗆	
3. License No Expiry date							
ields m	nentioned at Sr. No. 12 8	13 to be filled	by the candid	dates ap	plying for the post	of Driver (BS-0	
4. Deta	ails:-						
į	a. Academic Qualifi d	<u>cation</u>					
S#	# Degree/Certificates/Courses		Division/Grade/ CGPA		Name of Board/ University/Institute		
	b. Experience						
S#	Experience with designation, date an station.		eartment/ anization	expe	period of rience till closing of application	Remarks (if any)	

PID(I)6406/19