				SEC	FION-D								
D NO.					RT-I							STE YOUR GOOD QU PASSPOR COLOUI DTOGRAPH	IALITY T SIZE
(To be aft	OVERN DELH filled in t er carefu cations v	II SUBO by the ca lly readir which are	RDIN ndida Ig in ir Incor	ATE SEF te with E nstructior	RVICES Ball Poir Is as lai	S SE nt Pe d do /with	LECT n in h wn in out L	FION his/hei hthe a eft Th	BOARD r own ha advertise	ndwriting ment.			
ADVT. No.:	POS	ST CODE:					/[						
											SIGNATURE OF CANDIDATE LEFT THUMB IMPRESSION OF CANDIDATE		
CANDIDATE NAME IN												MMUNITY	
ENGLISH											MARK ' $$ ' IN BOX)		OUTSIDE
. FATHER/HUSBAND'S										UR			
NAME IN ENGLISH										SC			
										ST OBC			
. ADDRESS (Write in ca									1	VISUALLY			
										HANDICA			
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. DATE OF BIRTH		A)/		IONTH				<b>D</b>		SPORTS PERSON			
(a) (In figures)		AY					YEA		7	WIDOW /DIVORCE	E		
(b) In words												М	ΞX
(c) AGE AS ON CLOS	NG DATE:	YE	AR		_MONTH_			DAY:	S			F   9. MA   M U	RITAL STATU
0. INDIAN POSTAL ORE	DER DETAILS		TE OF I	SSUE	NAME OF	- ISSU	ING P	OST OF	FICE	AMOUN	Г (IN RS	5.)	
1. (a) EDUCATIONAL AN		SIONAL QU F BOARD/	ALIFICA	ATION (Attao			copies % O		cates as pro				7
No. PASSED		UNIVERSITY		(in numbe of years)	YEAF	AND YEAR OF PASSING		RKS AINED					
					_								-
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(b) DO YOU PASSES 1		TIAL QUALI	FICATIO	ON AND EXF	PERIENCE	EAS O	N CLC	SING D	ATE OF RE	CEIPT OF AP	PLICAT	TION	
(TICK MARK ' $\gamma$ ' IN 2. DETAILS OF EMPLO			ом тн⊨	MOSTREC	FNT				YES		NC		
NAME OF ORGANISATION	POST			TOTAL	. (YEARS,		SCALE TOTA			ADHOC/TE PERMANE		NATURE	7
UNGANISATIUN	HELU				10)	PA		MONTHLY EMOLOUMENTS			*1	DUTIES	_
						_							_
PLACE:		_1	1	I				I		1			

DATE:\_\_\_\_\_

## PART - II

1. (a) H <i>A</i>	VE YOU APPLIED, PRE	VIOUSLY, FOR ANY POST TO	O THE DSSSB (TIC	CK MARK ' √ ' IN	I THE BOX)	YES	NO		
(b) IF	YES, PLEASE MENTION POST CODE	I DETAILS THEREOF ROLL NO.			POST CODE	R	OLL NO.		
				Γ					
2. (a) W	HEATHER DEBARRED I	N ANY EARLIER EXAMINATION	ON BY DSSSB? (T	ICK MARK ' V '	IN BOX)	YES	NO		
(b) IF	YES, GIVE DETAILS -	(I) POST CODE,	, (II) ROLL NUMBI	ER, (III) DATE	OF DEBARMENT, (IV)	PERIOD FOR WHI	CH DEBARI		
. PLACE	OF BIRTH								
		VILL.		DISTT.		STATE			
. NATIO	NALITY				-				
). DETAIL	(a) Date of	Ex-servicemen, Please specify appointment in Armed Force ; Discharge :	/ your)	(c) Length of (d) Your last	service in Armed Force unit/council	:			
i. (a) ME	DIUM OF LANGUAGE IN	DESCRIPTION TEST (PART	-II) :	English/Hind	li (Strike off whichever is	s not application			
(b) ME	DIUM OF SKILL TEST (If	Application)	:	English/Hinc	li (Strike off whichever is	s not application			
. (a) WI	HETHER GOVERNMENT	EMPLOYEE HOLDING, CIVI	IL POST (TICK MA	RK ' $$ ' IN THE	BOX)	YES	NO		
(b) IF ነ	ES, SINCE WHEN	DATE	MONTH	YEAI	२				
3. LIST O		HED WITH THE APPLICATIO	N FORM (ONLY DU	JLY ATTESTED	COPIES OF RELEVANT	DOCUMENTS/			
i)	ATES) 		v)			_			
ii)			vi)			_			
iii)			vii)			_			
iv)			viii)			_			
. DECLA	RATION:								
(a.	l here by certify that a have been filled in my	ll statements made in this ap own handwriting.	oplication are true,	complete and	correct to the best of my	y knowledge and b	pelief and		
(b)	l also declare that I ha	ve submitted only one applic	ation for one post	code in respons	e to this advertisement				
(c)	l have real all the prov and I hereby undertak	visions mentioned in the adv e to abide by them.	vertisement/noitic	e of examinatio	n carefully as publishe	d in the Employm	ent News		
(d)	l have also enclosed c	luly attested and ligible copie	es of all the relevar	nt documents/ce	ertificates.				
(e)	or any ineligibility b	e event of information being being detected before or automatically without any no	after the examin	nation, my ca	ndidature/selection/app	pointment is liab			
(f)	The information subr application form.	nitted herein shall be treate	ed as final in resp	pect of my can	didature for the post p	ost applied-for the	ough this		
(g)	In also declare that I h employees only).	ave informed my Head of Of	ffice/Department i	n writing that I a	m applying for this post	/exam (for GOVE	RNMENT		
PLACE: .									
)ATE.					(SIGNATURE OF	THE CANDIDA	TF)		
							,		

Name: \_\_\_\_

NOTE: ALL THE SIGNATURES DONE ON THE APPLICATION FORM SHOULD BE IN RUNNING SCRIPT (NOT IN BLOCK LETTERS) AND IN THE SAME LANGUAGE AND STYLE.