

7. Email ID : _____

8. Contact Number: _____

9. Category:

PwD*	SC	ST	OBC	EWS	GEN
Upload relevant self-attested certificate					

* PwD shall also mention their Category (GEN/ EWS/ OBC/ SC/

ST)If PwD Category candidate, fill the following

S.No	Category of Disability	Click	Sub-Category	Click
1	Blindness and Low Vision(VI)		Blind(B)	
			LowVision (LV)	
2	Deaf and Hard of Hearing(HH)		Deaf(D)	
			Hard o f Hearing(HH)	

10. Educational Qualification (Self Attested copy of certificate starting fromMatriculationshouldbeattached)

Sl. No	Qualification	Board/ Inst./ University	MarksObt ained	Total Marks	Subject	Percentage	Attached Documents

11. Details of marks obtained in Civil Service Main Examination 2020/2021 (copy of self-attest marks sheet to be uploaded with application).

Year of Examination	Marks Obtained	Subject	Upload Documents

12. Experience (Self-Attested copy should be attached)

Designation & Scale of Pay	Name of Office	From	To

I hereby declare that all statements made in this application are true and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect or not satisfying the prescribed eligibility criteria for the post applied for, my candidature is liable to be cancelled/rejected at any stage of selection.

Place:

Date:

(Signature of the Applicant)