



12. Phone/Mobile no. (if any) :.....

13. E-mail :.....

14. Whether, Physically Disabled : Yes/ No  
If Yes, mention type and percentage of Disability : .....  
(Attach certificate issued by competent authority).

15. Whether, the candidate is serving in : Yes / No  
govt./semi govt. organization  
(If yes, application must be sent through proper channel  
or accompanied by No Objection Certificate of the department  
concerned, issued after publication of this advertisement)

16. List of enclosures :-

1. .... 2. .... 3.

.....

4. .... 5. ....

\_\_\_\_\_  
**(Signature of Applicant)**

**DECLARATION**

I, the above-named applicant, do here declare that the statements made in this application are true, complete and correct to the best of my personal knowledge and belief and that I have not suppressed any material fact. If at any time, either during the course of recruitment or after joining services, it is discovered that any of the information furnished is incorrect or any material fact was suppressed, my candidature shall be liable to be rejected/ services shall be liable to be terminated, as the case may be.

\_\_\_\_\_  
**Applicant)**

**(Signature of**

Place:

Date: