

ANNEXURE -VI

FORMAT for issuing Duplicate / Temporary Hall Tickets

Name of the Post/Examination applied for	:	
Date of Examination	:	
Have you checked the Commission's Website to know the status of your application	:	
Is your application for this recruitment has been rejected for any reason?	:	
Application Number of the OMR Application claimed to have been sent	:	
Name of the candidate with address as stated in the application	:	
Date of Birth	:	
Community	:	
Gender	:	Male / Female
Father's Name and his place of birth	:	
Centre Chosen in the application	:	
Subject chosen by the candidate	:	
Postal receipt /DD Number and Date	:	
Age/Fee concession claimed?	:	Age: Yes / No Fee: Yes/No
Date on which the application was sent to the Commission	:	
Copy of postal Receipt for having sent the application (if available / if required)	:	
Copy of OMR application (if available)	:	
Have you enclosed a copy of Photograph duly attested by a gazetted officer?	:	
Have you enclosed any other supporting evidence for having applied for this examination?	:	

Certified that the particulars furnished above are true. I am also aware of the fact that I may be subjected to criminal action if the information furnished by me is found to be wrong at a later date. I shall also abide by the decision of the Commission to debar me or to invalidate my answer sheet or to take any other action against me deemed fit by them.

Signature of the candidate

What is the evidence furnished by the candidate for having applied for the recruitment?	:	
Has he attached the Photograph duly attested by the gazetted officer (If not, he need not be allowed to appear for the examn)	:	
Verified that his name is not found in the list of rejected candidate. (No hall ticket shall be issued to the rejected candidate)	:	
Register Number allotted to the Candidate (Please read the instruction printed on reverse side of this annexure before assigning Register Number)	:	
Hall No. and Name to which the candidate has been allotted by you.	:	

Signature of the Revenue
Official with Name and
Designation

Signature of the
Commission's staff

Signature of the Chief
Invigilator