## APPLICATION FORMAT

| Al  | PPLICATION F<br>COMMI           | FOR 130<br>ISSION F | FOR MEN           | 1/39 SH    | <b>IORT SI</b>  | ERVICE C              | OMMI                   | SSION    | EN / 23<br>I FOR | SHO!<br>WOM!     | <u>rt serv</u><br><u>:N</u> | <u>/ICE</u> | A                | ffix self at       | tested    |
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| EOD OFFIO   | - 110-                          |                     | (Strik            | ce out w   | hichev          | er is not a           |                        |          |                  |                  |                             |             | _   r            | ecent pas          |           |
| APPLICATION   | BR                              | BRANCH              |                   |            |                 |                       | OR AFSB USE<br>DE NO C |          |                  | HEST NO.         |                             |             | size col         |                    |           |
| ALLEGATION NO.                                      |                                 | וטוע                | DIVANOIT          |            |                 | 711 010               |                        | DE 140   |                  |                  | NO.                         |             | ]                | photogra<br>(DO NO |           |
| 1. NAME IN BL                                       | OCK CAPITALS                    | S AS IN M           | IATRICUL          | ATION CE   | RŢIFIC <i>i</i> | ATE:                  |                        |          |                  | _                |                             |             |                  | STAPL              |           |
|   |                                 |                     |                   |            |                 |                       |                        |          |                  |                  |                             |             |                  |                    |           |
| 2. FATHER'S N                                       | NAME AS IN MA                   | TRICULA             | TION CEF          | RTIFICATE  | Ξ:              |                       |                        | _        |                  |                  |                             |             |                  |                    |           |
|   |                                 |                     |                   |            |                 |                       |                        |          |                  |                  |                             |             |                  |                    |           |
| 3. PERMANEN   | IT ADDRESS W                    | ITH PIN C           | CODE AND          | TELE N     | O, IF AN        | Y:                    |                        |          |                  |                  |                             |             |                  |                    |           |
|   |                                 |                     |                   |            |                 |                       |                        |          |                  |                  |                             |             |                  |                    |           |
| PIN   |                                 |                     |                   | TELE       |                 |                       |                        |          |                  |                  |                             |             |                  |                    |           |
| 4. PRESENT  | ADDRESS WI                      | TH PIŅ C            | ODE AN            | D TELE N   | NO, IF A        | NY: (FOR              | CORF                   | ESPO     | NDEN             | CE)              |                             |             |                  |                    |           |
|   |                                 |                     |                   |            |                 |                       |                        |          |                  |                  |                             |             |                  |                    |           |
| PIN   |                                 |                     |                   | TELE       |                 |                       |                        |          |                  |                  |                             |             |                  |                    |           |
| <ol> <li>Choice of C</li> <li>DATE OF BI</li> </ol> |                                 | /V) ·               | г г               |            |                 |                       |                        | 2        | 2:               |                  |                             |             |                  |                    |           |
| (As per Matricu                                     |                                 |                     |                   |            |                 |                       |                        |          |                  |                  |                             |             |                  |                    |           |
| 7. MARITALS   | STATUS: (SING                   | GLE / MA            | RRIED / '         | WIDOWE     | R / WID         | OW / DIV              | ORCE                   | E)       | 1                |                  |                             |             |                  |                    |           |
| 8. GENDER:  | ( MALE / FEMAI                  | LE)                 |                   |            |                 |                       |                        |          |                  |                  |                             |             |                  |                    |           |
| 9. E- Mail :<br>10. VISIBLE ID                      | ENTIFICATION                    | I MARK:             |                   |            |                 |                       |                        |          |                  |                  |                             |             |                  |                    |           |
| 11. EDUCATION                                       | IAL QUALIFICAT                  | TION :              |                   |            |                 |                       |                        |          |                  |                  |                             |             | <del> </del>     | <del></del>        |           |
| (a) Qualif  | ication (eg.l<br>line (eg. B \$ | BA/MS               | Sc/ LLE           | B/PhD      | etc.)_          | to)                   |                        |          |                  |                  |                             |             |                  |                    |           |
| (c) Name  | of College                      | & Place             | e                 | IVIA I IIS | otory e         |                       |                        |          |                  |                  |                             |             |                  |                    |           |
|   | of Universi<br>date of Fin      |                     |                   | D/N4N4     | ^^^^            | format.               | / <b>Com</b>           |          | - rin a          | otude.           | nto)                        |             |                  |                    |           |
|   | ster / Year \                   |                     |                   |            |                 |                       | (FOI i                 | appea    | aring            | Stude            | ents)                       |             |                  |                    |           |
| Semester /  | Maxim                           |                     | · ·               |            |                 | ′<br>Marks            | 80                     | most     | or               | Max              |                             |             | Marka            | % of Ma            | orke      |
| Year  | Marks                           |                     | Marks<br>Obtained |            | 70 OI Warks     |                       | 36                     | Semester |                  | Maximum<br>Marks |                             |             | Marks<br>btained | , 0 0. IVIGINO     |           |
| I   |                                 |                     |                   |            |                 |                       |                        | V        |                  |                  |                             |             |                  |                    |           |
| II  |                                 |                     |                   |            |                 |                       |                        | VI       |                  |                  |                             |             |                  |                    |           |
| III   |                                 |                     |                   |            |                 |                       |                        | VII      |                  |                  |                             |             |                  |                    |           |
| IV  |                                 |                     |                   |            |                 |                       |                        | VIII     |                  |                  |                             |             |                  |                    |           |
|   |                                 |                     |                   |            |                 |                       | Total                  |          | ıl               |                  |                             |             |                  |                    |           |
| 12. Type of Com                                     | mission: PERM                   | <b>MANENT</b>       | COMMIS            | SION / S   | HORT S          | SERVICE C             | ОММ                    | SSION    | l (Strik         | e out w          | hichever                    | is not      | applicable).     | •                  |           |
| 13. Appeared in                                     |                                 |                     |                   |            |                 |                       |                        |          |                  |                  |                             |             |                  |                    |           |
| 14. NCC Air Wi                                      | ng (Sr. Div) 'C' (              | Certificat          | e                 |            |                 |                       |                        |          |                  |                  |                             |             |                  |                    | YES / NO  |
|   |                                 | п п с               |                   |            |                 | DECLA                 |                        |          | c. a             |                  |                             |             |                  | . 11 . 6           |           |
| <ol> <li>I hereby d</li> <li>I have ne</li> </ol>   |                                 |                     |                   |            |                 |                       |                        |          |                  |                  |                             |             |                  |                    | Training  |
| Establishme   |                                 |                     |                   |            |                 |                       |                        |          |                  |                  |                             |             |                  |                    |           |
| in any other o                                      |                                 |                     |                   |            |                 |                       |                        |          | _                |                  |                             |             |                  |                    |           |
| 3. I underta detected and                           |                                 |                     |                   |            |                 |                       | any s                  | stage    | of my            | / sele           | ction, r                    | ny ine      | eligibility fo   | or candid          | lature is |
| 4. This is the                                      |                                 |                     |                   |            |                 |                       | Men)                   | 23 S     | SC (N            | /len)/           | 39 SSC                      | (Wo         | men) Cou         | ırse.              |           |
| 5. Any willfu                                       |                                 |                     |                   |            |                 |                       |                        |          |                  |                  | the car                     | ncella      | tion of my       | candidat           | ure and   |
| may debar m<br>6. Certified t                       |                                 |                     |                   |            |                 |                       |                        |          |                  |                  | d aliaih                    | ility.or    | itoria Lun       | deretand           | that my   |
| candidature   |                                 |                     |                   |            |                 |                       |                        |          |                  |                  | a cligib                    | iiity Ci    | iteria. i uri    | acistana           | tilatilly |
|   |                                 |                     |                   |            |                 | -                     | •                      | •        |                  |                  |                             |             |                  |                    |           |
|   |                                 |                     |                   |            |                 |                       |                        |          |                  | 1 -              |                             |             |                  |                    |           |
|   |                                 |                     |                   |            |                 |                       |                        |          |                  |                  |                             |             |                  |                    |           |
| Place:  |                                 |                     |                   | L          | T T; ::         | IMPDESS:              | ON EC                  | . M      | ,                | J L              |                             |             |                  |                    |           |
| Date:   |                                 |                     |                   | RIGHT      |                 | IMPRESSI<br>IMPRESSIC |                        |          |                  |                  | SI                          | GNATU       | RE OF APP        | LICANT             |           |
|   |                                 |                     | vherever re       |            |                 |                       |                        |          |                  |                  |                             |             |                  |                    |           |