

APPLICATION FOR LIMITED DEPARTMENTAL COMPETITIVE EXAMINATION

TO THE POST OF : _____

FOR THE VACANCY YEAR : _____

Name :

Designation :

Educational Qualification :

Whether belongs to SC/ ST/ PwBD :
If so, category

Date of regular appointment in present post :

Office to which attached :

Officiating AdHoc post, if any with date :

Whether appearing for the first time, if not, :
no of chances already availed

Remarks :

I declare that the particulars given above are correct.

Place:

Date:

Signature of Candidate