

**GOVT OF INDIA, MINISTRY OF DEFENCE**  
**ASC CENTRE (SOUTH) - 2 ATC, BANGALORE**  
**PROFORMA FOR APPLICATION**

To  
The Presiding Officer,  
Civilian Direct Recruitment Board,  
CHQ, ASC Centre (South) – 2 ATC  
Agram Post, Bangalore -07

Passport Size  
Photograph Paste  
Here  
[Self Attested]

1. Post Applied for \_\_\_\_\_
2. Name of the Candidate (Full Name) \_\_\_\_\_
3. Mobile Number (Functional) \_\_\_\_\_
4. E-mail ID [Functional] \_\_\_\_\_
5. Aadhar No. \_\_\_\_\_
6. Father's Name \_\_\_\_\_
7. Date of Birth [DD/MM/YYYY]  
(As per Matriculation Certificate) \_\_\_\_\_
8. Correspondence Address : -  
House No. / Street / Village \_\_\_\_\_  
Post Office \_\_\_\_\_  
District \_\_\_\_\_  
State \_\_\_\_\_  
Pin Code \_\_\_\_\_
9. Permanent Address : -  
House No. / Street / Village \_\_\_\_\_  
Post Office \_\_\_\_\_  
District \_\_\_\_\_  
State \_\_\_\_\_  
Pin Code \_\_\_\_\_
10. Educational Qualification \_\_\_\_\_  
(Matric / ITI / Diploma / 12th /  
Graduation / Post Graduation)

11. Education Qualification

Ser No.	Qualification	Name of School/ Collage	Name of Board/ University	% of Marks obtained	Remarks

12. Gender (Male / Female / Other) \_\_\_\_\_

13. Category \_\_\_\_\_

(UR/SC/ST/OBC/EWS/PH/ESM/MSP)

14. If applied for the Post of Ex- Serviceman: \_\_\_\_\_

(Date of enrolment in Army/Navy/Air Force and date of retirement and attach copy of Discharge Book/ Certificate/ NOC)

15. If applied for the post in PH category :

Type of Disability (OH / HH / VH / Mental illness / Multiple disability)	Percentage of Disability (40% and above)	Remarks
		Enclose Disability certificate issued by CMO/ Civil surgeon of Govt hospital certifying the disability.

16. Whether registered with any employment exchange \_\_\_\_\_

(If yes, mention registration No. and Name of employment exchange) \_\_\_\_\_

17. Whether employed in Central Govt Services \_\_\_\_\_

Yes / No

(If yes, give details as per following format & attach serving certificate duly signed by HoD)

Name of employer	Name of Post	Date of Appointment	Serving Since	Office Address

18. Name of Stations, a candidate wishes to be posted, if selected in the order of preference: -

(a) 1st Choice \_\_\_\_\_

(b) 2nd Choice \_\_\_\_\_

(c) 3rd Choice \_\_\_\_\_

**DECLARATION**

I hereby certify that above particulars mentioned in the application are correct and true to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage or not satisfying the eligibility criteria according to the requirement to the advertisement, my candidature/appointment in liable to be cancelled/ terminated. I am willing to serve anywhere. I agree that department has the right to transfer me to anywhere in India.

Dated : \_\_\_\_\_

Place : \_\_\_\_\_

(Signature of the Candidate)

**Enclosures: -**

[i] Two Self Attested Photographs [Name & Father's Name on the back side of photo]

[ii] One Self addressed registered envelope duly affixed with the appropriate postal stamps.

[iii] Self Attested copies of certificates [ ] Sheets.

[iv] Admit Card in duplicate.

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**ASC CENTRE (SOUTH) - 2 ATC, BANGALORE**

**ADMIT CARD**

**[IN DUPLICATE]**

(Applicable wherever Physical/ Skill Test is mandatory)

Roll No \_\_\_\_\_

(Not to be filled by candidate)

1. Name of candidate \_\_\_\_\_

2. Father's/Husband's Name \_\_\_\_\_

3. Date of Birth \_\_\_\_\_

4. Application Registration No \_\_\_\_\_

(Not to be filled by candidate)

5. Exam Centre Allotted \_\_\_\_\_

(Not to be filled by candidate)

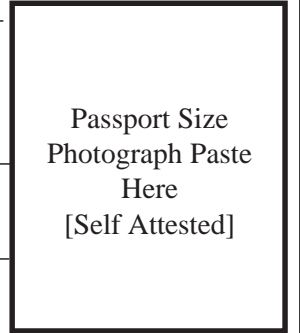
6. Category (UR/SC/ST/OBC/EWS/PH) \_\_\_\_\_

7. Schedule of Exam

Physical/ Skill Test - \_\_\_\_\_

(Date & Time of reporting at Examination Centre)

8. Candidates will report for written test as applicable along with original documents. Only after verification of original documents and Biometric Attendance, candidate will be allowed to appear for test.



\_\_\_\_\_  
Signature of Candidate

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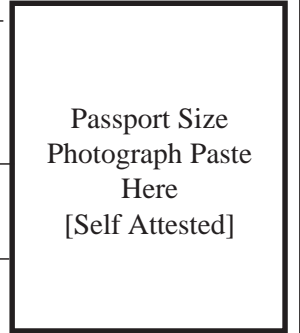
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Written Test - \_\_\_\_\_

(Date & Time of reporting at Examination Centre)

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\_\_\_\_\_  
Signature of Candidate

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\_\_\_\_\_  
Signature of Candidate

## **DECLARATION BY OBC CANDIDATES ONLY**

(Similar endorsement should be given in the caste certificate from the competent authority)

I \_\_\_\_\_ Son/Daughter/wife of Shri \_\_\_\_\_.

Residence \_\_\_\_\_ of Village/Town/City \_\_\_\_\_ District \_\_\_\_\_ State

\_\_\_\_\_ hereby declare that I belong to the \_\_\_\_\_ community which is recognized as a backward class by the Government of India for the purpose of reservation in service as per orders applicable to the concerned State. It is also declared that I do not belong to persons/sections (Creamy Layer).

Place : \_\_\_\_\_

(Signature of the Candidate)

Date: \_\_\_\_\_

Name \_\_\_\_\_

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## **FORM OF UNDERTAKING TO BE GIVEN BY CANDIDATES APPLYING FOR CIVIL POSTS UNDER EX-SERVICEMEN CATEGORY**

I understand that, if selected on the basis of the recruitment/examination to which this application relates, my appointment will be subject to my producing documentary evidence to the satisfaction of the appointing authority that I have been duly released/retired/discharged from the Armed Forces and that I am entitled to the benefits admissible to Ex-Servicemen in terms of the Ex-Servicemen (Re-employment in Central Civil Services and Posts) Rules, 1979, as amended from time to time.

I also understand that I shall not be eligible to be appointed to a vacancy reserved for Ex-Servicemen in regard to the recruitment covered by this examination, if I have at any time prior to such appointment secured any employment on the Civil side (including Public Sector Undertaking, autonomous Bodies/Statutory Bodies, Nationalized Banks, etc.) by availing of the concession of reservation of vacancies admissible to Ex-Servicemen.

Date : \_\_\_\_\_

Place: \_\_\_\_\_

(Signature of Candidate)