

APPLICATION FORM

Application for the Post of Tubewell Operator

Paste your recent
passport size
photograph

- | | | | | | | | | | | | | | | |
|------|--|--|--|--|-----|-------|--|--|--|--|------|--|--|--|
| 1. | Name of the Post Applied for: | Paste your recent
passport size
photograph | | | | | | | | | | | | |
| 2. | Full Name of the Candidate:
(in Capitals)
..... | | | | | | | | | | | | | |
| 3. | Date of Birth: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Day</td> <td style="text-align: center;">Month</td> </tr> </table> <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="4" style="text-align: center;">Year</td> </tr> </table> | | | | Day | Month | | | | | Year | | | |
| | | | | | | | | | | | | | | |
| Day | Month | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Year | | | | | | | | | | | | | | |
| 4. | Gender (please tick ✓): Male ☐ Female ☐ | | | | | | | | | | | | | |
| 5. | Marital Status: | | | | | | | | | | | | | |
| 6. | Father's/Husband's Name: | | | | | | | | | | | | | |
| 7. | Mailing Address (in block letters):
.....
..... Pin Code: | | | | | | | | | | | | | |
| | Tel. No. : Mobile:
E.mail ID (if any): | | | | | | | | | | | | | |
| 8. | Nationality: | | | | | | | | | | | | | |
| 9. | Whether Physical Handicapped? (please tick ✓) : Yes ☐ No ☐ | | | | | | | | | | | | | |
| 10. | Community (please tick ✓) SC ☐ ST ☐ OBC ☐ GENERAL ☐ Other _____ | | | | | | | | | | | | | |

11. All Educational/other professional Qualifications/Training Courses etc/Degree Examination onwards:

Level	Exam passed/ Degree Trg.	Division/Grade % of Marks	Year of Passing	Duration of the Degree/ Diploma	Board/ University	Subject	Subject of Specialistion

12. Any other relevant Information:

13. Details of enclosures: 1)

2)

3)

I hereby declare that all the statements made in the application are true and complete to the best of my knowledge and belief. I understand that action can be taken against me by the Commission, if I am declared by them to be guilty of any type of misconduct mentioned herein. I have informed my Head Office/Deptt, in writing that I am applying for this selection.

Date:

Signature of candidate

Place: