

FORMAT FOR APPLICATION

To,
The Commanding Officer
24 GRENADIERS
Vaishali Nagar,
Jaipur (Raj), PIN-302021

Affix recent
passport size
colour
photograph
duly self
attested

1. Application for the Post of : _____
2. Advertisement Number : _____
3. Name of the Candidate (in Block letter Only) : _____
4. Father/Husband's Name : _____
5. Mother's Name : _____
6. (a) Gender _____ (b) Marital Status _____
7. Date of Birth (as per 10th Class Certificate) ____/____/____ (DD/MM/YYYY).
8. Age (As on last date of receipt of application) ____ Years ____ Month ____ days.
9. Category for which applied
{Please tick(✓)}
- | | | | | | | |
|----|----|----|-----|--------|-----|-----|
| UR | SC | ST | OBC | PH(LD) | EWS | ESM |
| | | | | | | |
10. (a) Religion _____ (b) Nationality _____.
11. Educational Qualification:-

| Ser No | Standard/ Exam Passed | Name of School/ College | Name of Board/University | Percentage Obtained |
|--------|-----------------------|-------------------------|--------------------------|---------------------|
| | | | | |
| | | | | |
| | | | | |

12. Work Experience (if any) : _____
13. **Correspondence Address** :
House No/Street/village : _____
Post Office: _____ Tehsil: _____
District : _____ State: _____
PIN Code: _____ Mobile No: _____
14. **Permanent Address**
House No/Street/village : _____
Post Office : _____ Tehsil : _____
District : _____ State : _____
PIN Code : _____ Mobile No : _____
15. AadhaarNumber: _____.

DECLARATION

16. I, Shri/Shrimati/kumar _____ hereby declared that all statements made in application are true, complete and correct to the best of my knowledge and belief. I understand that in all event of any information being found false/ incorrect or being detected ineligible before or after the written test/aptitude test, my candidature is liable to be rejected or any miss statement/discrepancy detected after my appointment my service are liable to terminated without any notice to me.

Place:

(Full Signature of the Applicant)

Date:



(Left Hand Thumb Impression)

ADMIT CARD
(Candidate Copy)

1. Name (in Block Letters) : _____
2. Father's Husband Name : _____
3. DOB (DD/MM/YYYY) : _____
4. Category : _____(UR/SC/ST/OBC/EWS/ESM/PH)
5. **Correspondence Address**
House No/Street/Village : _____
Post Office : _____
Tehsil : _____
District : _____
State : _____
PIN Code : _____
6. Date of Reporting for Written/Physical Test:
(a) Date : _____
(b) Time : _____
7. Venue of Test : _____

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Station : c/o 56 APO

Dated :