

To

The Commandant
14 Field Ammunition Depot
PIN-909714
C/O 99 APO

APPLICATION FOR THE RECRUITMENT OF FIREMEN

Recruitment Notice No _____

1. Post applied for : _____
2. Name of Candidate (in block letters) : _____
3. Father's Name : _____
4. Date of Birth :

Affix recent
passport size
photograph
duly self
attested

DD	MM	YYYY					

5. Age as on last date prescribed for receipt of application.
Years.....Months.....Days.....

6. **Address for correspondence :-**

House No/Street/Village _____
Post Office _____ Distt _____
State _____ PIN Code _____

7. **Permanent address:-**

House No/Street/Village _____
Post Office _____ Distt _____
State _____ PIN Code _____

8. **Educational Qualification:**

S.No	Qualification	Name of School	Name of Board	Total Marks Obtained	Percentage of Marks obtained (upto two decimal, example 50.60)			

Note : Attach Mark Sheet of all education qualification.

9. **Category for which applied:-**

(a)

UR	SC	OBC	EWS

(b)

PH	ESM	Meritorious Sports Person

(c) **Choice of unit :-**

- (i) 1st choice _____
- (ii) 2nd choice _____
- (iii) 3rd choice _____

10. If applied for the post as Ex-servicemen:-

- (a) Date of enrolment (In Army/Navy/Air Force) : _____
 (b) Date of Retirement _____
 (c) Total Service : _____ Years _____ Months _____ Days.
 (Attach copy of discharge certificate)

11. If applied for the post of firemen in PH (Hearing Handicapped) category :-

- (a) Type of disability (OH/HH/VH/AI/MD) _____
 (b) Percentage of disability _____

12. Whether registered with any Employment Exchange : Yes/No
 If yes, mention Registration Number and name of employment exchange.

13. Whether employed in Central Govt Services? Yes/No _____
 If yes, mention service details as under :-

Name of employer	Office Details	Name of the post	Date of appointment

DECLARATION

13. I hereby certify that above particulars mentioned in the application are true and correct to the best of my knowledge and belief, I understand that in the event of my information being found false or incorrect at any stage or not satisfying the eligibility criteria according to the requirements of the advertisement, my candidature/appointment is 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 : _____ (Signature of candidate)

Place : _____

FOR OFFICE RECORDS ONLY

1. Application received on : _____

2. Application accepted/rejected : _____

3. Reason for rejection: Underage/Overage/Documents incomplete/Photo or documents not attested/any other reason to be specified :-

4. Index No _____ Date of Test/Interview _____

CALLING LETTER

(MANDATORY: TO BE ATTACHED ON SEPARATE SHEET)

Application No _____

Index No

blank)

(To be left



C No /

2019

TEST FOR THE POST OF _____

1. Refer to your application submitted in response to the post of _____
2. Please report for a test on _____ at _____.
3. All certificates (mentioned in advertisement) will be brought in original along with 4 x passport size photographs. No boarding / lodging will be provided. Candidate must come prepared for a stay up to 03 days.
4. The candidate failing to report on the fixed date / time will not be allowed to take test.
5. Production of this letter is mandatory for entry alongwith Govt issued photo ID proof in original on all days of test.(Voter Card / Driving Licence / AADHAR Card / PAN Card).

ACKNOWLEDGEMENT CARD

(Fill column 1,2,3,4 & 8)

1. Name :
2. Date of Birth :
3. Father's/Husband Name :
4. Address for Correspondence :
House No/Street/Village _____
Post Officer _____
Tehsil _____
District _____
State _____ PIN _____

Affix recent
passport Size
photograph duly
self attested

5. Application accepted/rejected and date of test if accepted :
6. Reason for rejection:
7. Date and time of reporting for test

Venue of test: 23 Field Ammunition Depot, PIN – 909723, C/O 56 APO.

Note : (a) Please bring all original document/certificates along with this Acknowledgement at the time of physical Test.

(b) Signature of the candidate should not differ as put in the Application from during the physical test.

8. Category: UR/EWS/SC/ST/OBC/PH/ESM/Sports person.

Signature of candidate

Signature of Controlling Officer