

**APPLICATION FORM FOR THE POST OF JUNIOR OFFICE ASSISTANT (IT),  
SERICULTURE INSPECTOR& PEON ON CONTRACT BASIS.**

Paste your recent  
passport size photograph  
duly attested

**Last Date of receipt of applications:-**

The last date of receipt of application is 29.7.2020 and in case of tribal areas the application should reach upto 13.8.2020

- 1 Name of the applicant (In Capital Letters) : \_\_\_\_\_
- 2 Father's / Husband's Name( In Capital Letters) : \_\_\_\_\_
- 3 Gender(Male / Female) : \_\_\_\_\_
- 4 Date of Birth : \_\_\_\_\_
- 5 Age as on 01.01.2020  
: \_\_\_\_\_Years \_\_\_\_\_Months \_\_\_\_\_days
- 6 Name of the Employment Exchange with : Name \_\_\_\_\_  
Registration No. : No \_\_\_\_\_
- 7 Category to which belong i.e.SC  
(Proof of the same be attached) : \_\_\_\_\_
- 8 Nationality : \_\_\_\_\_
- 9 Religion : \_\_\_\_\_
- 10 Himachali Bonafide : \_\_\_\_\_(Yes/No)
- 11 Moblie No : \_\_\_\_\_
- 12 Detail of Educational Qualification

Name of Examination	Roll No.	Year of passing	Name of Board/ University	Max Marks	Marks obtained	%age

13 Experience relating to the post applied for, if any  
: \_\_\_\_\_(Yes/No)

**(Proof of the same be attached)**

14 Have you ever been debarred or disqualified by any Public Service Commission/  
Recruitment Board from any of the Examination Selection? \_\_\_\_\_ ( Yes/No)

15 Have you ever been convicted by any court for any  
offence? \_\_\_\_\_(Yes/No)

16 Permanent Home address (with Pin Code)


17 Correspondence address (with Pin Code)


Signature of the Applicant

**Declaration**

I, \_\_\_\_\_ hereby solemnly declare that I am a bonafide resident of Himachal Pradesh and all the statements/ particulars furnished by me in this application form are correct and true to the best of my knowledge and belief. In the event of any information being found false or incorrect, suppressed or ineligibility is detected at any stage, my candidature may be cancelled/rejected.

Dated:

Place:

Signature of the Applicant

**ADMIT CARD**

Affix recent passport size  
photograph duly attested.

1 Name of the Candidate

(To be filled in by the candidate)

2 Son of / Daughter of /  
Wife of (to be  
filled by the candidate)

**For Office use only**

3 Roll No.

4 Examination Centre

5 Date and Time of  
Examination

Signature of the Candidate  
(At time of examination)

Signature of the issuing Authority