

**APPLICATION FORM**  
**(To be sent neatly filled or typed on A4 sheet)**  
**(CBC Advertisement No. : 10103 / 11 / 0006 / 2526)**

Recent Passport  
size photograph  
of the applicant

To,  
 Commandant,  
 1 EME Centre,  
 Secunderabad - 500087

1. Post applied for : \_\_\_\_\_  
 Unit \_\_\_\_\_
2. Name of the candidate : \_\_\_\_\_  
 (In Block letters)
3. (3.1) Father's /Husband's Name : \_\_\_\_\_  
 (3.2) Mother's Name : \_\_\_\_\_
4. Date of Birth (DD/MM/YYYY) : 

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5. Age as on last date of receipt of application : Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_
6. Gender : \_\_\_\_\_
7. Nationality : \_\_\_\_\_
8. Religion : \_\_\_\_\_

9. Correspondence address _____ _____ _____ Pin _____ State _____ Contact / Mobile No _____ Email ID _____	10. Permanent home address : _____ _____ _____ Pin _____ State _____ Contact / Mobile No _____ Email ID _____
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11. Category (UR / SC / ST / OBC / EWS (UR) / ESM) : \_\_\_\_\_  
 (Please enclose photocopy of relevant certificate)

**Abbreviations used:** UR- Un-reserved, SC- Schedule Caste, ST- Schedule Tribe, OBC- Other Backward Class, EWS- Economically Weaker Section, PwBD- Person with Benchmark Disability, ESM- Ex-Serviceman

12. If applied for the post in "Physically Handicapped" category :

Type of disability (B, LV, D, HH, OA, OL, OAL, CP, LC, Dw, AAV, ASD (M, MoD), SLD (M), MI(M))	Percentage of disability (40 % and above)

(Please enclose photocopy of disability certificate issued by CMO/Civil Surgeon of Government hospital certifying the disability duly self attested)

**Abbreviations used:** B- Blindness, LV- Low Vision, D- Deaf, HH- Hard of Hearing, OL- One leg, OA- One Arm, OAL- One Arm and One Leg, CP- Cerebral Palsy, Dw- Dwarfism, AAV- Acid Attack Victim, LC- Leprosy Cured, ASD(M, MoD)- Autism Spectrum Disorder (M-Mild, MoD- Moderate), SLD(M)- Specific Learning Disability (M-Mild), MI(M)- Mental Illness (Mild), MD- Multiple Disability

13. Length of Combatant Service (applicable for ESM only) : Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Date of enrolment (In Army/Navy/Air Force): \_\_\_\_\_ Date of retirement: \_\_\_\_\_  
 (Please enclose photocopy of discharge certificate)

14. Details of age relaxation required \_\_\_\_\_  
 (Applicable as per Central Govt Policy)

15. Qualifications:  
 (i) Educational :

Name of examination	Year	Board/University/Institution	Percentage of marks obtained	Grade/Division

(Please enclose photocopy of educational/qualification certificate)

(ii) Experience:

Organization	Whether Govt/PSU/Private	Post/Appointment	From	To

(Please enclose photocopy of experience certificate)

16. List of enclosures:-

Ser	Enclosures
16.1	
16.2	
16.3	
16.4	
16.5	

17. Details of any two valid Identity proof (Enclose copy) :-

Aadhar Card No :		PAN Card No :	
Driving Licence No :		Passport No :	

### **DECLARATION**

I hereby certify that above particulars mentioned in the application are correct and true to the best of my knowledge and belief. There is no criminal proceeding pending/ contemplated/ held against me. 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 advertisement, my candidature/ appointment is liable to be cancelled/ terminated. I am willing to serve anywhere in India.

I agree that Department has the right to transfer me anywhere in India.

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

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

(Signature of the applicant)

**Note: Candidate to ensure the following are enclosed:-**

- (i) One self-addressed envelope duly affixed with Rs 5/- postal stamp.
- (ii) Self-attested photocopies of certificates (\_\_\_\_\_) sheets.
- (iii) Two self-attested Photographs (Name and Mother's/Father's name on the back side of photo)
- (iv) Acknowledgement/ Admit card

**ACKNOWLEDGEMENT / ADMIT CARD**  
**(To be sent neatly filled or typed on A4 sheet)**

1. Post applied for _____	Recent Passport size photograph of the applicant
2. Unit applied for _____	
3. Name of candidate _____ (IN BLOCK LETTERS)	
4. Date of Birth _____	
5. Gender _____	
6. Mother's Name _____	
7. Father's/ Husband's Name _____	
8. Category applied for _____	
9. Correspondence address House No./Street /Village _____ Post Office _____ Tehsil _____ District _____ State _____ Pin Code _____	
10. Tele/Mob No _____ E Mail ID _____	

**FOR OFFICE USE ONLY**

Your application is hereby accepted

11. Index No \_\_\_\_\_

12. Bio-metric and Document verification :

(a) Date \_\_\_\_\_ (b) Reporting Time \_\_\_\_\_ (c) Place \_\_\_\_\_

Written test :

(a) Date \_\_\_\_\_ (b) Reporting Time \_\_\_\_\_ (c) Place \_\_\_\_\_

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

(Signature of controlling officer)

- Note:- (i) Candidates will report for written test along with original documents / certificates i.e. Educational, Caste, Domicile, Birth, Discharge certificate/NOC and Physically Handicapped certificate. Only after verification of original documents and Biometric Attendance, candidates will be allowed to appear for written test. The safe custody of the documents is the responsibility of the individual.
- (ii) Candidates should reach at least one hour before the scheduled time at examination centre on aforementioned date. No candidate will be allowed for examination after scheduled time.
- (iii) The candidates should bring their black ball pen, pencil and a transparent writing board for Written Examination. Candidates will also carry any two proof of identity (Aadhar Card/PAN card/Passport/Driving Licence)
- (iv) The candidate should not keep Mobile, Calculator, Electronic item, paper and other material otherwise he/she will not be allowed for examination and his/her candidature will automatically deemed to be rejected.
- (v) Candidate is required to acknowledge on receipt of admit card for written test and in case not received, candidate is required to inform immediately on e-mail id **AWWALEAGLE@GMAIL.COM**