

APPLICATION FORMAT

Advertisement No.MIL/HR/GA/AOCP/2023/01 DATE: 25/03/2023
(USE CAPITAL LETTERS, LIMIT INFORMATION TO BOXES ONLY)

1.	NAME OF THE CANDIDATE					Affix latest Passport Size Color photo
2.	GENDER					
3.	DATE OF BIRTH					
4.	FATHER'S NAME					
5.	MOTHER' NAME					
6.	NATIONALITY					
7.	CATEGORY					
8.	POSTAL ADDRESS					
		PIN:	P.O:	STATE:		
9.	MOBILE NUMBER					
10.	EMAIL ID					
11.	TRADE APPLIED FOR					
12.	EDUCATIONAL QUALIFICATION	QUALIFICATION	YEAR OF PASSING	MARKS OBTAINED IN PERCENTAGE / CGPA OBTAINED IN POINTS	DIVISION	NAME OF UNIVERSITY/ INSTITUTE/BOARD
		1.MATRICULATION				
		2. AOCP(NTC/NAC)				
		3.OTHER				
13.	DETAILS OF FEE SUBMITTED (IF APPLICABLE)					
14.	DECLARATION	<p>I hereby declare that the particulars furnished above are complete and correct to the best of my knowledge and belief. I understand that if at any stage of the selection process and subsequent to my selection, if it is found that the information given in the application is false or incorrect or if I do not satisfy the eligibility criteria stated in the advertisement/Notification, my candidature /appointment is liable to be cancelled / terminated.</p> <p>Date _____ Place _____</p> <p>Signature _____</p> <p>Name of candidate:</p>				
15.	ENCLOSURE	<p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p> <p>6.</p>				

Last date of receipt of completed application: 17/04/2023