

Performa of Application

FOR OFFICE USE ONLY : Appln Regn No : _____

Application for the post of:

Post Category (UR/EWS/SC/OBC).....

Additional Category(ESM/ PwBD).....

Refer: NewspaperAdvertisement No: 471/DR 2021/Est Dated

To

The Commandant
Military College of Telecommunication Engineering
Mhow (MP) 453 441

Affix recent
passport size
photo duly
self-attested

Note: All the fields are mandatory and to be filled in Block Letters and numerals only.

1. Full Name (in **block letters**) :
(As written in 10th / SSC Certificate)
2. Father's / Husband's Name :
3. Date of Birth (as per the 10th Certificate):
(dd-mm-yy)
4. Age as on last date of receipt of application:Years.....months.....days
5. Whether Age Relaxation claimed? (Yes/No)If Yes, write category as per
Para 3(c) of the advertisement.....
6. Category to which candidate actually belongs to (UR/EWS/SC/ST/OBC):
7. Category in which applied for (UR/EWS/SC/OBC):
8. Whether ex-servicemen, if yes give details i.e. length of service alongwith copy of service
discharge certificate
9. Whether Person with Benchmark Disability (disability of 40% and above), if yes, provide
self attested copy of disability certificate and **write category of Benchmark Disability as per
Para 1(b) of the advertisement**
10. Whether PwBD candidate has physical limitation to write examination?.....
(Provide certificate as per Appendix IV). If Yes, then whether scribe is required from
MCTE?.....
11. Whether Govt Servant? If yes, give details of post held, department/organization name,
Pay level and Date of entry in Govt Service (provide NOC):
.....
12. Nationality:
13. Religion:
14. Gender (Male/Female/Transgender):

15. Details of Academic / Technical / Professional Qualifications (From 10th standard onwards):

Name of the Exam Passed	Year of Passing	Name of Recognized University/Board of Examination	% of marks obtained	Division	Remarks

(Self-attested copies of certificate in support of above are to be enclosed)

16. Experience, if any: (provide self attested copy)

17. Address with Pin code in full for communication (Block letters)

District - _____ State- _____ Pin Code - _____

18. Mobile No.

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19. Aadhar No.

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20. Email ID.

Declaration

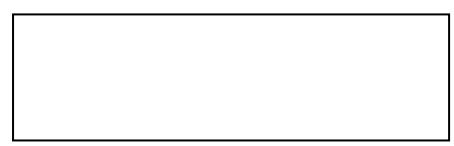
I hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false/incorrect or ineligibility being detected before or after the written test/skill test/practical test my candidature will stand automatically cancelled.

Signature of the candidate: _____

Name: _____

Encl: 1. Postal Order(s) No.....& Date for Rs. 50/-

2. Self-attested copies of certificate (s): () sheets



Left/Right Thumb Impression in the box above

(TO BE PRINTED ON A-4 SIZE PAPER ONLY)

ADMIT CARD (IN DUPLICATE)

(For office use only)

Roll no

(To be completed by Candidates)

Affix recent
passport size
photo duly self-
attested

1. Name of Post applied for _____
 2. Name of Candidate _____
 3. Father's Name _____
 4. Category belongs to : UR / EWS / SC / ST / OBC : _____
 5. Category applied for: UR / EWS / SC/ OBC _____
 6. Additional Category: ESM/PwBD/Not Applicable _____
 7. Mobile /Tele No with STD Code:- _____
 8. Communication address with PIN Code No :- _____
-

ADMIT CARD (IN DUPLICATE)

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1. Name of Post applied for _____
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 7. Mobile /Tele No with STD Code:- _____
 8. Communication address with PIN Code No :- _____
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Declaration by OBC Candidates only

(Similar endorsement should be given in the caste certificate from the competent authority)

"I.....Son/Daughter of Shri.....
Resident of Village/Town/City.....District.....State.....
hereby declare that I belong to thecommunity which is recognized as a backward class by the Government of India for the purpose of reservation in services as per orders applicable to the concerned State. It is also declared that I do not belong to privileged /sections/ Creamy Layer.

Place:
Date:

(Signature of the candidate)
Name:

FORM OF UNDERTAKING TO BE GIVEN BY CANDIDATES APPLYING FOR CIVIL POSTS UNDER EX-SERVICEMEN CATEGORY

I understand that, if selected on the basis of the recruitment/examination to which this application relates, my appointment will be subject to my producing documentary evidence to the satisfaction of the appointing authority that I have been duly released/retired/discharged from the Armed Forces and that I am entitled to the benefits admissible to Ex-Servicemen in terms of the Ex-Servicemen (Re-employment in Central Civil Service and Post) Rules, 1979, as amended from time to time.

I also understand that I shall not be eligible to be appointed to a vacancy reserved for Ex-Servicemen In regard to the recruitment covered by this examination, if I have at any time prior to such appointment secured any employment on the Civil side (including Public Sector Undertaking, autonomous Bodies/Statutory Bodies, Nationalized Banks, etc) by availing of the concession of reservation of vacancies admissible to Ex-Servicemen.

Place:
Date:

(Signature of Candidate)

GOVERNMENT OF
(Name & Address of the authority issuing the certificate)

INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate no.....

Date.....

Valid for the year.....

1. This is to certify the
Shri/Smt/Kumari.....
Son/daughter/wife of..... permanent resident
of village/street..... pin
code..... Whose photograph is attested below belongs to economically
weaker section, since the gross annual income* of his/her* family*** is below
belongs to (rupees eight lakh only) for the financial year..... his/ her
family does not own or possess any of the following assets***:
I. 5acres of agricultural land and above;
II. Residential flat of 1000sq.ft.and above:
III. Residential plot of 100sq. yards and above in notified municipalities:
IV. Residential plot of 200sq. yard and above in areas other than the notified
municipalities.

2. Shri/Smt/Kumari..... belongs to thecaste
which is not recognized as a scheduled tribe and other backward classes (central
list).

Present self
attested (front
side) Passport
Size photo not
more than 03
months old.

Signature with seal of office.....

Name

Designation.....

Note 1 : Income covered all sources i.e. salary, agriculture, business, profession etc.

Note 2 : The term “family” for this purpose include the person, who seeks benefit of reservations ,his/her parents and siblings below the age of 18 years as also his /her spouse and children below the age of 18 years.

Note : 3 The property held by a “family” in different location of different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

**CERTIFICATE REGARDING PHYSICAL LIMITATION
IN AN EXAMINEE TO WRITE**

This is to certify that, I have examined Mr/Ms/Mrs _____
(name of the candidate with disability), a person with _____
(nature and percentage of disability as mentioned in the certificate of disability) S/o /
D/o _____ a resident of _____
(Village/District/State) and to state that he/she has physical limitation which hampers
his/her writing capabilities owing to his/her disability.

Signature with seal of office.....

Chief Medical Officer/Civil Surgeon/ Medical
Superintendent of Government Health Care
institution

Name and Designation:

Name of Government Hospital/Health Care
Centre with Seal:

Place:

Date:

Note: Certificate should be given by a specialist of the relevant stream/disability (eg
Visual impairment-Ophthalmologist, Locomotor disability – Orthopaedic specialist/PMR
etc)

CBC-10616/11/0002/2324