Annexure-I

Notification No.:							
Post Code No.:							
Post Name :							
		(:11 h f:11	her CCMD Admin)		-		
1. Registration ID		(will be filled	by CCMB Admin)				
2. Name in Full				Recent Passport size			
					Phot	ograph	
3(a). Mother Name							
3(b). Father Name							
4. Category							
5. Gender							
6(a). Date of Birth							
6(b). Age as on Interview date							
6(c). Place of Birth							
7. Basic Pension (enclose copy of PPO)							
8. Last Pay Drawn and Pay level							
(enclose last pay slip)							
9. Address for Communication							
with PIN CODE							
10. Permanent Address							
with PIN CODE							
11. Email							
12. Contact No.		Mobile:					
in Contact 110.							
13. Education Qualifications							
Qualification	University/	Year of	Duration of	Division	%of Marks	Main Subjects	
	Board	Passing	Degree/ course				
SSC/ X Class							
Intermediate/ XII class							
Graduation							
(specify name)							
Post Graduation							
(specify name)							
Any other							

Name and address of employer / organization	Period of Designation of the Post Last Pay Drawn at to on Service held time of retirement			the Reason of leaving each post		
15. Professional Training	s / Certificati	ons:	•			
Organization	Details of	Training/ Certificate		Period		
				From	То	
		DECLARATI	ON			
and belief. Nothing is fals	se or has been	ove-mentioned statements a concealed / distorted. If at a ent shall be liable to terminat	ny time I	am found to have		
Place:		Signature of Appl	icant			
Date:		Name of the Appli	cant			