

Himachal Pradesh Public Service Commission

APPLICATION FORM

APPLICATION FOR THE POST(S) OF _____
ITEM. _____ IN THE DEPARTMENT OF _____,
H.P. ADVERTISED VIDE ADVERTISEMENT NO. _____

1. Name of the applicant: _____
(In capital letters)

2. Father's Name : _____

3. Sex (Male/Female) : _____

4. Date of birth :

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**Paste recent
(last six
months
period)
Pass-port
size
attested
photograph**

5. Address for communication (IN CAPITAL LETTERS WITH PINCODE & Telephone No.)

Pin : _____

6. Permanent address (IN CAPITAL LETTERS WITH PINCODE):

Pin : _____

7. State to which he/she belongs: : _____

8. Name of category: (General/SC/ST/OBC/WFF/Ex-S.-man/ :

Orthopaedically handicapped/Hearing Impaired/ Visually Impaired of H.P.

9. Academic Qualifications:

S.No.	Exam. Passed	%age of Marks	Year of Passing	Board/ University	Subject
1.					

2.					
3.					

10. Are you H.P. Govt. servant Yes/No) _____

11. Give Chronological detail of your employment:

S. No.	Name of Deptt.	Post held	From	To	Whether permanent / Temporary / Tenure.	Remarks.
1.						
2.						
3.						

12. Particulars of Bank Draft :

Bank Draft No.	Name of Bank	Date of issue	Amount

13. Detail of documents enclosed:

Sr.No.	Name of Document
1.	_____
2.	_____
3.	_____

I hereby declare that I am an Indian National and all statements made in this application are true , complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled.

Signature of the applicant

(Declaration to be furnished by candidates belonging to other reserved categories except categories of Scheduled Caste, Scheduled Tribe & Ward of Freedom Fighter.)

I _____ son / Daughter of Shri _____
Resident of village _____ Post _____

Office _____ Tehsil _____ District _____, Himachal Pradesh, do hereby declare that the contents of this application recorded/ filed -in-up by me are true to the best of my knowledge and that I shall produce the documents in support of these contents as and when required by the H.P.Public Service Commission and that in the event of these contents being found incorrect , I shall be liable to be debarred from any service / job under the Government of Himachal Pradesh for a period of three years and also I shall be liable for criminal proceedings.

Date:

Place:

Signature of the Applicant