

APPLICATION FORM

Self attested
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|-----|--|-----------------------------|--|
| 1. | Type of Disability (Please tick the category) | : | 1. Orthopaedically Handicapped 2. Visually Handicapped 3. Hearing impaired |
| 2. | Name of the Applicant | : | |
| 3. | Father's/Husband's Name | : | |
| 4. | Date of Birth | : | |
| 5. | Percentage of disability (Attach photocopy of the certificate) | : | |
| 6. | Name of issuing authority | : | |
| 7. | Category(General/SC/ST/OBC): | | |
| 8. | Educational Qualification | | |
| | Examination | Name of University/Board | Subjects |
| | Matriculation | | Marks obtained/Total Marks |
| | 10+2 | | Percentage |
| | Graduation | | Year of passing |
| | Post Graduation | | |
| | Others | | |
| 9. | Permanent Address | : | |
| 10. | Correspondence Address | : | |
| 11. | E-mail and Mobile No. | : | |
| 12. | List of documents attached (copies of educational qualifications, bonafide certificate, medical disability certificate 40% or above issued by Medical Board, Category certificate, others) | | |

(Signature of the applicant)
Name in block letters

Date:
Place: