Prescribed application from

				lates photo	f attested st coloured graph to be pasted		
1.	Type of Disability: 1. Orthopaedically Handicapped (Please tick the category): 2. Visually Impaired 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	Marks obtained/Total Marks	Percentage	Year of passing	
	Matriculation						
	10+2						
	Additional qualification, if any						
	Other documents required for completion of selection process						
	Certificate of disabilities as certified by the Medical Board/Authorities (i.e. Health & Family welfare authorities/Medical Board)						
	Certified copy of belonging to notified backward Area or Panchayat, as the case may be. (Issued SDO(c)/ Tehsildar/ Naib Tehsildar.) Yes/No						
	Land Less family/family having land less than 1 Hectare to be certified by the concerned Revenue						

	Authority. (Issued by SDO(c)/ Tehsildar/Naib Tehsildar.)	Yes/No			
	Non-employment Certificate to the effect that none of the family member is in Go Government. (Issued by SDO(c)/ Tehsildar/Naib Tehsildar.)	vernment/Semi <u>Yes/No</u>			
	BPL Family having family annual income (from all sources) below Rs. 40,000/- or as per the Govt. from time to time. (issued by BDO)	prescribed by <u>Yes/No</u>			
•	Widow/ divorced/destitute/single women (issued by BDO)	Yes/No			
•	Single daughter/ orphan (issued by BDO)	Yes/No			
•	Certificate of Category (SC/OBC) and bonafide Himachali.(issued by competent authority)				
	Certificate of training of at least 6 months duration related to the post applied for from University/ Institution.	om a recognized <u>/es/No</u>			
	Certificate of experience upto a maximum of 5 years in Govt./Semi Govt. organization post applied for.	relating to the <u>/es/No</u>			
9.	Permanent Address :				
10.	Correspondence Address :				
11.	E-mail and Mobile No. :				
12.	List of documents attached (copies of educational qualifications, bonafide certificate, modernificate 40% or above issued by Medical Board, Category certificate, others)	edical disability			
	· •	f the applicant)			
Date:		in block letters			

Note:-

- 1. The number of posts as indicated above may increase or decrease.
- 2. The Application Form alongwith detail is also available on this Department's official website www.himachal.nic.in/Secretarriat Administration. The candidates are advised to go through the detailed advertisement carefully from the website prior to filling up of application forms. They are further advised to regularly visit the website for updates, if any.