

APPLICATION FORM

FORM NO(For Office Use Only):

A. PERSONAL DETAILS – PART I

FIRST NAME: (mandatory)	<input type="text"/>
MIDDLE NAME:	<input type="text"/>
LAST NAME: (mandatory)	<input type="text"/>
FATHER'S NAME (mandatory)	<input type="text"/>

Affix passport size attested photograph (DO NOT STAPLE)

DATE OF BIRTH (mandatory)				AGE (as on 01-Jan-2017)			
	DD	MM	YYYY	Years	Month	Days	

PERMANENT ADDRESS: (mandatory)	LINE 1	<input type="text"/>
	LINE 2	<input type="text"/>
	TEHSIL	<input type="text"/>
	DISTRICT	<input type="text"/>
	PIN CODE	<input type="text"/>

PRESENT ADDRESS: (mandatory)	LINE 1	<input type="text"/>
	LINE 2	<input type="text"/>
	LINE 3	<input type="text"/>
	TEHSIL	<input type="text"/>
	DISTRICT	<input type="text"/>
	PIN CODE	<input type="text"/>

CONTACT NUMBER (mandatory)	LAND LINE	<input type="text"/>
	MOBILE	<input type="text"/>

EMAIL ID
(mandatory)

RESERVED CATEGORY
(select one with a tick mark)

<input type="checkbox"/> General	<input type="checkbox"/> RBA	<input type="checkbox"/> ST
<input type="checkbox"/> Scheduled Caste	<input type="checkbox"/> Actual Line of Control	<input type="checkbox"/> Physically Handicapped
<input type="checkbox"/> OBC		

POST APPLIED FOR (select one with a tick mark)	<input type="checkbox"/>	Draftsman	<input type="checkbox"/>	Junior Assistant
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Advertisement No: _____

Signature of Candidate

B. EDUCATIONAL QUALIFICATIONS – PART II

B.1 - Academic Qualifications (mandatory)

SNO.	Academic Qualification	Year of Passing	Marks/Max Marks	Percentage obtained	Name of Institution/University

B.2 - Technical Qualifications (mandatory)

SNO.	Technical Qualification	Year of Passing	Marks/Max Marks	Percentage obtained	Name of Institution/University

B.3 - Enclosures (Please write Yes/No)(Mandatory)

Date of Birth Certificate (Matriculation)	
State Subject Certificate	
Higher Secondary School Certificate	
Degree/Diploma Certificate(s)	
Marks Sheet(s)	
Reserved Category Certificate(if applicable)	

B.4 - UNDERTAKING(Mandatory)

I hereby, solemnly declare that the above mentioned particulars are correct to the best of my knowledge and belief, and that in case the above information is found to be incorrect at any stage I shall be disqualified from the recruitment process including loss of appointment, if offered to me, for which I shall be solely responsible.

Signature of candidate

Date:

Place:

OFFICIAL USE:

Received filled form from Mr/Miss/Mrs/ _____ for the post of _____ on _____ against advertisement no _____

Signature of Candidate

Signature of Authorized
Desk clerk

INSTRUCTIONS:

1. Write in capitals.
2. Paste latest (not older than 6 months) attested passport size photographs (color) on the space provided.
3. Provide complete phone number including STD code.
4. JKSPDCL doesn't take any responsibility whatsoever if your communications address and/or phone numbers and/or email id provided is unreachable for any reason whatsoever.
5. All mandatory information needs to be filled in. If any item is left blank, the form and therefore the candidature will be rejected.
6. Please fill total marks obtained and the maximum total marks in all the semesters.
7. All pre-requisite documents (certificates) mentioned in the section **B.3** should be both self attested and by a gazetted officer and submitted at the time of form submission.
8. As far as possible leave space/box after every word.



Signature of Candidate