



बादामीबाग छावनी परिषद  
BADAMIBAGH CANTONMENT BOARD

भारत सरकार, रक्षा मंत्रालय

GOVT. OF INDIA, MINISTRY OF DEFENCE

श्रीनगर (जम्मू व कश्मीर) - १९०००४ / Srinagar (Jammu & Kashmir) - 190004

दूरभाष/ Tele: 0194-2466575 ईमेल/Email: [ceobada-stats@nic.in](mailto:ceobada-stats@nic.in) वेबसाइट/ website: <https://badamibagh.cantt.gov.in>



पक्षीय कुटुम्बकम्  
ONE EARTH - ONE FAMILY - ONE FUTURE

**APPLICATION FORM FOR THE POST OF CHOWKIDAR, LABOUR & SAFAIWALA**

Post applied for:

Chowkidar

Labour

Safaiwala

Affix and attest  
Photo here

Name: \_\_\_\_\_

Parentage: \_\_\_\_\_

Gender: \_\_\_\_\_

Nationality: \_\_\_\_\_

Religion: \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_\_ (attach Proof)

Age as on 31-01-2023 \_\_\_\_ Year \_\_\_\_ Month \_\_\_\_ Days

Permanent Address:- \_\_\_\_\_

\_\_\_\_\_

Address for correspondence: \_\_\_\_\_

\_\_\_\_\_

Mobile No: \_\_\_\_\_ Email: \_\_\_\_\_

Whether belong to any category, specify \_\_\_\_\_ (if yes attach certificate)

**Education /Professional Qualification from Matriculation**

| Examination | Year of Passing | Board | Subject | Marks/ %age/<br>Division<br>obtained |
|-------------|-----------------|-------|---------|--------------------------------------|
|             |                 |       |         |                                      |
|             |                 |       |         |                                      |
|             |                 |       |         |                                      |

Details of previous experience, if any

Name and complete address of two referees:

- 1.
- 2.

Any other information

**Declaration:**

I \_\_\_\_\_ hereby declare that all statements made in the application form are true/ correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or concealing any facts, my candidature to the selection to the post is liable to be cancelled.

Date:

Signature Name of the candidate

Place:



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संयुक्त राष्ट्रसंघ  
ONE EARTH • ONE FAMILY • ONE FUTURE

**APPLICATION FORM FOR THE POST OF MALI**

Affix and attest  
Photo here

Name: \_\_\_\_\_

Parentage: \_\_\_\_\_

Gender: \_\_\_\_\_

Nationality: \_\_\_\_\_

Religion: \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_\_ (attach Proof)

Age as on 31-01-2023 \_\_\_\_ Year \_\_\_\_ Month \_\_\_\_ Days

Permanent Address:- \_\_\_\_\_

Address for correspondence: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Email: \_\_\_\_\_

Whether belong to any category, specify \_\_\_\_\_ (if yes attach certificate)

Education /Professional Qualification from Matriculation

| Examination | Year of Passing | Board | Subject | Marks/ %age/<br>Division<br>obtained |
|-------------|-----------------|-------|---------|--------------------------------------|
|             |                 |       |         |                                      |
|             |                 |       |         |                                      |
|             |                 |       |         |                                      |

Details of previous experience, if any

Name and complete address of two referees:

1.

2.

Any other information

**Declaration:**

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Date:

Signature Name of the candidate

Place:



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**APPLICATION FORM FOR THE POST OF PUMP ATTENDANT**

Affix and attest  
Photo here

Name: \_\_\_\_\_

Parentage: \_\_\_\_\_

Gender: \_\_\_\_\_

Nationality: \_\_\_\_\_

Religion: \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_\_ (attach Proof)

Age as on 31-01-2023 \_\_\_\_ Year \_\_\_\_ Month \_\_\_\_ Days

Permanent Address:- \_\_\_\_\_

\_\_\_\_\_

Address for correspondence: \_\_\_\_\_

\_\_\_\_\_

Mobile No: \_\_\_\_\_ Email: \_\_\_\_\_

Whether belong to any category, specify \_\_\_\_\_ (if yes attach certificate)

**Education /Professional Qualification from Matriculation**

| Examination | Year of Passing | Board | Subject | Marks/<br>Division<br>obtained | %age/ |
|-------------|-----------------|-------|---------|--------------------------------|-------|
|             |                 |       |         |                                |       |
|             |                 |       |         |                                |       |
|             |                 |       |         |                                |       |

Details of previous experience, if any

Name and complete address of two referees:

1.

2.

Any other information

**Declaration:**

I \_\_\_\_\_ hereby declare that all statements made in the application form are true/ correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or concealing any facts, my candidature to the selection to the post is liable to be cancelled.

Date:

Signature Name of the candidate

Place: