

# बादामीबाग छावनी परिषद BADAMIBAGH CANTONMENT BOARD



## भारत सरकार, रक्षा मंत्रालय

GOVT. OF INDIA, MINISTRY OF DEFENCE

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श्रीनगर (जम्मू व कश्मीर) - १९००४ / Srinagar (Jammu & Kashmir) - 190004

दूरभाष/ Tele: 0194-2466575 ईमेल/Email: ceobada-stats@nic.in वेबसाइट/ website: https://badamibagh.cantt.gov.in

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

Mobile No:			ves attach certificate)
Address for corresponde			
Permanent Address:			
Age as on 31-01-2023	011		
Date of Birth (DD/MM/	YYYY):	(attach Proof)	
Religion:			
Nationality:			
Gender:			
Parentage:		_	
Name:		<u>a</u> Ther	
Safaiwala			
Labour			
Post applied for: Chowkidar			Photo here
Doot amplied for			Affix and attest

#### **Education /Professional Qualification from Matriculation**

Examination	Year of Passing	Board	Subject	Marks/ %age Division obtained
	•			
Details of previous	experience, if any			
Name and comple	te address of two re	forage:		
A STATE OF THE PARTY OF THE PAR	te address of two fe	ierees.		
l <sub>a</sub>				
2.				
Any other information	tion			
		Declaration	n:	
I			hereby	declare that al
In the event of an		ng found false	rect to the best of my ke or incorrect or conce ancelled.	100
D			Clamatuur Nama - Cr	ha aandidete
Date:			Signature Name of t	ne candidate
Place.				



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यानीय कुटुम्बकम् एका १२माम - २०४१ १२माप - २०४१ १८७४०

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### APPLICATION FORM FOR THE POST OF MALI

				Affix and attest Photo here
Name:				
Parentage:				
Gender:				
Nationality:				
Religion:				
Date of Birth (I	DD/MM/YYYY):		(attach Proof)	
Age as on 31-01	-2023Year	Month_	Days	
Permanent Ado	lress:			
Address for cor	respondence:			
Mobile No:	E	mail:		
	g to any category, spe fessional Qualificatio			attach certificate)
Examination	Year of Passing	Board	Subject	Marks/ %age/ Division obtained

Details of previous experience, if any	
Name and complete address of two referees:	
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2.	
Any other information	
Declarati	on:
I	hereby declare that all
statements made in the application form are true/ co	
In the event of any information being found fals candidature to the selection to the post is liable to be	
Date:	Signature Name of the candidate
Place:	



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वर्तुरेव कुतुम्बकम्

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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 (I	DD/MM/YYYY):		_ (attach Proof)	
	-2023Year			
Permanent Add	Iress:			-
Address for cor	respondence:			
Mobile No:	E	mail:		
	g to any category, spe fessional Qualificatio			s attach certificate)
Examination	Year of Passing	Board	Subject	Marks/ %age. Division obtained

Details of previous experience, if any	
Name and complete address of two referees:	
1.	
2.	
Any other information	
Declaration	:
Ĭ	hereby declare that all
statements made in the application form are true/ correll the event of any information being found false	
candidature to the selection to the post is liable to be ca	
Date:	Signature Name of the candidate
	organical contains of the curtains.
Place:	