

**APPLICATION FORM**

**THE BIHAR REGIMENTAL CENTRE, DANAPUR (BIHAR)-801503**

Application for the post of .....

Ref: Newspaper ..... Advertisement No .....  
dated .....

To,

The Commandant

Paste a recent  
passport size  
self-signed  
photograph.

1. Full Name (in Block Letter): \_\_\_\_\_  
(As written in SSC certificate)
2. Father's/Husband Name : \_\_\_\_\_  
(in Block Letters)
3. Date of Birth (As per School Certificate) : \_\_\_\_\_
4. Age as on last date of receipt of application.....Years.....months.....days
5. Write category to which you belong: \_\_\_\_\_
6. Nationality: \_\_\_\_\_
7. Religion : \_\_\_\_\_
8. Address and PIN code in full for communication with nearest Railway station \_\_\_\_\_

- 
9. Present Postal Address:-  
Village/Mohalla/House No \_\_\_\_\_  
Post Office \_\_\_\_\_ Tehsil \_\_\_\_\_  
Police Station \_\_\_\_\_ District \_\_\_\_\_  
State \_\_\_\_\_ PIN Code \_\_\_\_\_

10. Permanent Address:-  
Village/Mohalla/House No \_\_\_\_\_  
Post Office \_\_\_\_\_ Tehsil \_\_\_\_\_  
Police Station \_\_\_\_\_ District \_\_\_\_\_  
State \_\_\_\_\_ PIN Code \_\_\_\_\_

## 11. Details of Academic/Technical &amp; Professional Qualification:-

<u>Name of the Exam Passed</u>	<u>Year of Passing</u>	<u>Name of Recognized University/ Board of Examination</u>	<u>% of marks obtained</u>	<u>Division</u>	<u>Remarks</u>

(Attested copies of certificate in support of above are to be enclosed)

## 12. Experience/if any (please attach certificate)

\_\_\_\_\_

## 13. Whether Govt Servant if Yes, give details of post held, Pay Scale and date of entry in Govt Service \_\_\_\_\_

## 14. Name of any Employment Exchange, with registration number &amp; date \_\_\_\_\_

## 15. E-mail ID \_\_\_\_\_ and Mobile No \_\_\_\_\_

**DECLARATION**

I hereby declare that all the statement made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false/ incorrect being detected before or after the test/interview, my candidature will stand automatically cancelled.

Dated : 2022

(Signature of the applicant)  
Name: \_\_\_\_\_

**FOR OFFICIAL RECORD ONLY**

1. Received on .....

2. Accepted/Rejected.....

3. Reason for rejection: Underage/Overage/Incomplete documents/Any other reason to be specified

.....

4. Index No..... Date of Test.....

**ACKNOWLEDGEMENT CARD**

Post:.....

1. Name .....

2. Father's Name.....

3. Address for correspondence: (to be filled same as per Column 6 of Application form)

House No/Street/Village .....

Post Office..... Distt.....

State..... PIN Code.....

4. Index No ..... Date and time of written test/skill test.....

5. Venue of written test/skill test.....



Signature of Controlling Officer

**DECLARATION BY OBC CANDIDATES ONLY**

(Similar endorsement should be given in the caste certificates from the competent authority)

“I \_\_\_\_\_ Son/Daughter of Shri \_\_\_\_\_ Resident  
\_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_  
hereby declare that I belong to the \_\_\_\_\_ community which is recognized as a  
backward class by the Government of India for the purpose of reservation in service as per orders applicable  
to the concerned state. It is also declared that I do not belong to person/sections/ (Creamy Layer).

Place :

(Signature of the candidate)

Date : 2022

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

**MEDICAL FORM**

**ANNEXURE TO THE MINISTRY OF HEALTH OM NO  
F.(II)/58-C.II DATED 27 SEP 1952**

**CANDIDATES STATEMENT AND DECLARATION**

(To be filled in the presence of the Medical Officer)

The candidates must make the statement required below prior to his/her Medical Inspection and must sign the declaration appended thereto. His/her attention to specifically.... To the warning contained in the note below:-

1. State your name in full  
(IN BLOCK LETTERS) \_\_\_\_\_

2. State your age & Place of Birth \_\_\_\_\_

3. (a) Have you ever had small pox, Intermittent or  
any other fever, Enlargement or suppuration of glands,  
spitting of blood, asthma, heart disease, fainting attacks,  
Rheumatism appendicitis  
\_\_\_\_\_

OR

(b) Any other disease or accident requiring confinement to bed and medical or surgical  
treatment  
\_\_\_\_\_

4. When were you last vaccinated \_\_\_\_\_

5. Have you or any of your near relatives been affected with constipation, Gout, Asthama, Fits,  
Insanity etc.  
\_\_\_\_\_

6. Have you suffered from any form of nervousness due to over work or in any other cause.  
\_\_\_\_\_

7. Have you been examined and declared unfit for Govt Service by a Medical Officer/ Medical  
Board within the last three years.  
\_\_\_\_\_

8. Furnish the following information concerning your family:-

Father's age, if living and state of health	Father's age at death and cause of death

No of Brothers living, their age and state of health	No of Brothers dead, their age at death and cause of death	Mother's age, if living

Mother's age at death and cause of death	No of sister living their age and state of health	No of sisters dead, their age at death and cause of death

I declare all the answers to be true and correct to the best of my belief.

I also solemnly affirm that I have not received a disability certificate/ pension of account of any disease or their condition.

\_\_\_\_\_  
(Candidate's Signature)

Signed in my presence

\_\_\_\_\_  
(Signature & Office Stamp of  
Medical Officer)

**Note:** The candidate will be held responsible for the accuracy of the above statement, by wilfully suppressing any information he/she will incur the risk closing the appointment and if appointed of foregoing all claim to superannuation allowance or gratuity.