



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 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/ Division 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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सत्यमेव जयते
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/ Division obtained

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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/ Division 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: