

APPLICATION FORM FOR THE POST OF MULTIPURPOSE WORKERS IN JAL SHAKTI VIBAG

1. Applicant's Name (in Capital Letters) :- _____
2. Father's Name (in Capital Letters) :- _____
3. Date of Birth:- _____ Male/Female:- _____
4. Permanent Home Address of the candidate:- _____

5. Correspondence Address of the Candidate :- _____

Please paste recent
passport size
photograph

6. Qualification

- (i) Educational Qualifications :- (attested/self attested copies of all the certificates attached)

Detail of 8th Class Examination

Examination	Marks obtained	Total Marks	% percentage of marks	Copy attached (Yes/No)
8 th				

7. Category of the Candidate (Gen/OBC/SC/ST/EWS). _____
8. Experience Certificate attached :- (Yes/No) _____

Name of Department/ Out Source Agency	Designation	From Date	Till Date	Total Experience

9. Bonafide Himachali Certificate attached :- (Yes/No) _____
10. Mobile No.:- _____

Declaration

I, the above named candidate solemnly affirm and declare that the all the details given by me in the application form are true and correct and nothing has been concealed therein. If any discrepancy found in my application form of false ay any state then I shall be liable for all consequential action including cancellation of my candidature

Place:-

Date:-

Signature of the candidate

**APPLICATION FORM FOR THE POST OF PARA PUMP OPERATOR/PARA FITTER WORKERS IN
JAL SHAKTI VIBAG**

Post Applied for _____

1. Applicant's Name (in Capital Letters) :- _____
2. Father's Name (in Capital Letters) :- _____
3. Date of Birth:- _____ Male/Female:- _____
4. Permanent Home Address of the candidate:- _____

5. Correspondence Address of the Candidate :- _____

Please paste recent
passport size
photograph

6. Qualification

(ii) Educational Qualifications :- (attested/self attested copies of all the certificates attached)

Examination	Marks obtained	Total Marks	% percentage of marks	Copy attached (Yes/No)
Metric (10 th)				

(iii) Technical Qualifications :- (attested/self attested copies of all the certificates attached)

Examination	Marks obtained	Total Marks	% percentage of marks	Copy attached (Yes/No)

7. Category of the Candidate (Gen/OBC/SC/ST/EWS). _____
8. Experience Certificate attached :- (Yes/No) _____

Name of Department/ Out Source Agency	Designation	From Date	Till Date	Total Experience

9. Bonafide Himachali Certificate attached :- (Yes/No) _____
10. Whether belong to BPL (please attached copy of corticated) (Yes/ No) _____
11. Mobile No.:- _____

Declaration

I, the above named candidate solemnly affirm and declare that the all the details given by me in the application form are true and correct and nothing has been concealed therein. If any discrepancy found in my application form of false ay any state then I shall be liable for all consequential action including cancellation of my candidature

Place:-

Date:-

Signature of the candidate