## BY. POST

## Prescribed Format APPLICATION FOR THE POST OF DRAFTSMAN

(Fill in Block Letters only)

							v*
1	NI C					Signature	of applicant
1.	Name of applicant					7	
2.	Father's Name						
3.	Sex(Whether Male or Female)						
4.	Whether belongs to SC/ST/OBC/Ex-S						
5.	(Enclose self attested copy)  Marital Status						
6.							
7.	Date of birth						
8.	Nationality						
	additional Qualifications (enclose self-attested copies of certificates)						
School/Institute		Name of recognized Examina		ation	Total marks	Max.	Domonto
		Board/University	passed & subjects		obtained	marks	Percentage of marks
						III ALI	ormarks
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9.	Experience (F	Enclose self attacted	`				
10.	Experience (Enclose self-attested copies)  Whether serving as a Cost						
11.	Whether serving as a Govt. employee, give details  Complete postal address with Pi						
	11. Complete postal address with Pin-code						
12.	Tele. No. /Mobile No.						
13.	Whether registered in the Employment Exchar				4		
	If yes, furnish the registration number.						
14.	Any other information						
post of	Draftsman (Pl	lo hereby declare that the lification, experience and B-1 + Rs. 2400.) is true a g found false or incorrect	1	nais iii co	infection with m	ly candida	ature for the
Place: Dated:			, ,	,		reated a	s cancelled.
Enclosu		,			SIGNATUI	RE OF CA	NDIDATE
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3			4				