

FORMAT OF APPLICATION

To,

The Commandant  
AIPT and APTC Depot  
Pune Solapur Road,  
Near Ramtekdi,  
Hadapsar, Pune-411022

Passport size  
photo duly self  
attested

APPLICATION FOR THE POST OF: \_\_\_\_\_ IN CATEGORY \_\_\_\_\_

Ref: Newspaper \_\_\_\_\_ Advertisement No. \_\_\_\_\_ Date \_\_\_\_\_

|     |   |                    |      |   |                     |
|-----|---|--------------------|------|---|---------------------|
| 1.  | Please refer to your Advertisement given in news paper " _____ " dated _____                                      |                    |      |   |                     |
| 2.  | Name in full (Block Capital letters)  |                    |      |   |                     |
| 3.  | Father's Name / Husband's Name  |                    |      |   |                     |
| 4.  | Sex   |                    |      |   |                     |
| 5.  | Date of birth (As in Matriculation Certificate)<br>(Attested cop of certificate as a Proof of age to be enclosed) |                    |      |   |                     |
| 6.  | Present age as on closing date of receipt of application  |                    |      | Years _____ Months _____ Days _____                                 |                     |
| 7.  | Marital Status  |                    |      |   |                     |
| 8.  | Nationality   |                    |      |   |                     |
| 9.  | Religion / Caste / Sub-caste (Attested copy of certificate of proof of Caste)                                     |                    |      |   |                     |
| 10. | Passed Examination  | Board / University | Year | Marks obtained  | Percentage of Marks |
|     | 10 <sup>th</sup> / SSC  |                    |      |   |                     |
|     | 12 <sup>th</sup> / HSC  |                    |      |   |                     |
|     | Any other   |                    |      |   |                     |
| 11. | If applied for PHP category:- (Certificate for disability required to be attached duly attested)                  |                    |      | Type of disability (As per RPwD Act 2016 as per clause a,b,c d & e) | % of disability     |
| 12. | Experience certificate if any   |                    |      |   |                     |
| 13. | Choice / Option of Typing / Skill test (for LDC only)   |                    |      | _____ (Hindi / English)   |                     |
| 14. | Employment Registration Card No. and Date with district if any  |                    |      |   |                     |

Contd...

|     |  |  |
|-----|--|--|
| 15. | Address for communication, with PIN code |  |
| 16. | Mobile No. and E-mail address (if any)   |  |

**DECLARATION**

I, Shri / Smt / Kumari \_\_\_\_\_ hereby declare that all the statement made in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the even of any information being found false / incorrect or being detected ineligible before or after the written test / aptitude test, my candidature is liable to be rejected or any misstatement / discrepancy detected after my appointment, my service are liable to be terminated without any notice to me.

Place:

Date:

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