

छावनी परिषद देहूरोड
CANTONMENT BOARD DEHUROAD
भारत सरकार, रक्षा मंत्रालय

Government of India, Ministry of Defence

Near Dehuroad Railway Station, Dehuroad, Pune- 412101 (Maharashtra)

Ph.No. 020-27671222, Fax: 020-27672610

email: ceodehu-stats@nic.in, website: <https://dehuroad.cantt.gov.in>

APPLICATION FORM

Post applied for: **Assistant Medical Officer**
Junior Clerk
Staff Nurse
Sanitary Inspector

Affix and
attest
Photo here

Name : _____

Parentage : _____

Gender : _____ Nationality: _____ Religion _____

Date of Birth (DD/MM/YYYY): _____ (attach Proof)

Age as on 04.03.2022: ____ 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/University	Subject	Percentage/CGPA
10 th				
12 th				
Graduation				
Any Other				

Details of previous experience, if any:-

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Other Details:-

Sr.No.	Details	Options	Filled by the Candidate with Yes or No
A	Whether any prosecution is pending in any Court of Law against you?	YES/NO	
B	Whether any disciplinary action has been initiated by Government/Semi-Government Organisations against you?	YES/NO	
C	Whether disciplinary or any other similar action is initiated by Bar Council or Medical Council or Association or other Professional/Vocational Institution?	YES/NO	
D	Was any Court Case filed against you?	YES/NO	

Attached Documents details:-

Sr. No.	Details Of Certificates	Attached by Applicant – Please write which Certificate or Certificate Number attached against required Document. (Write NA if not Applicable)
1	Certificate of date of birth.	
2	Caste Certificate/ Non Creamy layer Certificate (In case of post for specific category).	
3	Certificate regarding Ex – serviceman or PwBD.	
3	Matriculation/10 th	
4	HSC/12 th	
5	Certificates of Graduation	
6	Two self-Addressed Envelope. (Yes/No)	
7	Two latest coloured passport size Photographs. (Yes/No)	
8.	Identity card. (Passport /Aadhaar card/ Driving License/ Election Commission ID Card/ CGHS/ECHS Card/Income Tax PAN Card/ any other Govt. ID card).	Id Card Name/Type:- _____ Id Card No: _____
9	Application fee:- “Rs. 300 Demand Draft in favor of Chief Executive Officer, Cantonment Board Dehuroad Payable at State Bank of India, Dehuroad” Details.	Demand draft No:- _____ Issuing Bank:- _____ Date:- _____

(Candidate is requested to attach self-attested copy of above document along with application form before submission at office.)

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.

I _____ hereby declare that, I have informed my Head of Office/department in writing that I am applying for this examination. *(Applicable for those who are already in government service/similar organization or government owned industrial undertaking whether in permanent or temporary capacity or as work charged employees other than casual or daily rated employees or those serving under public enterprises.)*

Date :

Signature Name of the candidate

Place :