

APPLICATION FORMAT FOR ENGLISH / HINDI * TYPEWRITING TEST ON COMPUTER TO BE HELD ANNUALLY
IN THE MONTH OF MARCH 20.....AT BANGALORE
(TO BE FILLED IN BY CANDIDATE IN HIS OWN HANDWRITING)

1. Name in Full (In Block letters): Shri/Smt/Km: _____
2. Date of Birth (in Christian Era): _____
3. Father's / Husband's Name: _____
4. Address: _____

5. Complete Postal Address of Office where presently working: _____
(Name of the Ministry / Office): _____
6. (a) Name of the post held: _____
 - i) Appointed from Group "D" employees: YES / NO
 - ii) Appointed on Compassionate grounds: YES / NO
 - iii) Appointed from Group "D" Employees' Exam: YES / NO
 - iv) If Yes, Year of Exam: _____
 - iv) Appointed to the post of LDC as Direct Recct: YES / NO
 - v) Appointed as Assistant as Direct Recruit: YES / NO
- (b) Date from which the post is held: _____
7. Medium opted for the typewriting test: _____ : ENGLISH / HINDI
8. Details of the Typewriting Test on Computer at which you appeared last time:

Paste PP Size
Photo with
signature
overflowing
the application

Sl. No.	Date of the Test	Roll No.	Place where the test taken	Medium	Speed	Result

I hereby declare that the statements made in this application are true to the best of my knowledge and belief.

Place:
Date :

Signature: _____
Name: _____
(in Block Letters)
e-mail id:
Mobile (contact) No

* Strike out whichever is not applicable

DEPARTMENTAL ENDORSEMENT

(This endorsement should be signed by an officer not below the rank of Under Secretary or equivalent)

No..... Place..... dated, the.....

Certified that the particulars given overleaf are correct. Shri/Smt/Kum..... is a temporary / provisionally confirmed / quasi permanent LDC (DR) / LDC from Group “D” Employees Exam / LDCV from Group “D” employee (Seniority Quota) / LDC on Compassionate grounds / UDC / Assistant (DR) in the office of M/o, which is participating / Not participating in the Central Secretariat Clerical Service. He/she is eligible to take admission to the Typewriting Test on Computer and his/her candidature for the same is recommended.

Signature:_____

Name:_____

Designation:_____

Ministry / Office:_____

Phone & FAX No.:

Office Stamp:

Place:.....

Date:.....