

PUNJAB PUBLIC SERVICE COMMISSION
APPLICATION FORM

Paste
Passport Size
Attested
Photograph
here

FOR THE POST OF _____
IN DEPARTMENT OF _____

Candidate must read the instructions attached with the form carefully before filling this form. Tick only the relevant boxes.

1. Name of the Candidate

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Father's Name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Address

a) Correspondence Address (In Capital Letters)

																		Pin Code:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

b) Telephone No.

- Land Line (with code)
- Mobile
- E-mail _____@_____

c) Permanent Address (In Capital Letters)

																		Pin Code:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Age

- a) Date of Birth

Year	<input type="text"/>	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	Day	<input type="text"/>	<input type="text"/>
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 b) Age as on 1-1-2012

Year	<input type="text"/>	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	Day	<input type="text"/>	<input type="text"/>
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- (Tick the relevant Box)

5. Sex : Male ☐ Female ☐ 6. Marital Status: Married ☐ Unmarried ☐

7. Nationality

(Please refer to Para 1(v) of the Instructions attached)

8. Category : Name Code :
(Please refer to Para 4 (c) of the instructions attached) (See Code List)

9. If Claming age relaxation, Mention name & Code:

- Category Name Code :
(Please refer to Para 4 (d) of the instructions attached) (See Code List)

10. Ex-Serviceman (Please refer to Para 4 (g) of the instructions attached)

- a) Date of Enrolment

Year	<input type="text"/>	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	Day	<input type="text"/>	<input type="text"/>
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- b) Date of released/discharge

Year	<input type="text"/>	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	Day	<input type="text"/>	<input type="text"/>
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c) Reasons for release/discharge after earning pension

- (i) At own request.

Yes	<input type="text"/>	No	<input type="text"/>
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- (ii) Other Reason (Please Specify)

<input type="text"/>
<input type="text"/>

11. Detail of Fee (Please refer to Para 3(iv) of the instructions attached)

Name of Bank	Branch	Draft No.	Amount	Date

12. (i) Details of qualifications (In Chronological Order) :-

Sr. No.	Examination Passed	Board/University	Month & Year of Passing	Subjects	Percentage of Marks / C.G.P.A.

Yes / No / N.A.

(ii) Do you possess the requisite qualification as per service rules?

(iii) Do you possess the requisite experience as per service rules? (if applicable)

(iii) (a) Do you possess Punjabi of Matric Standard or its equivalent?

(b) If no, are you Sikh migrant and ready to pass such examination within two years after joining the service.

(iv) Details of Experience (If any)

Department/Organisation	Post held	From	To	Pay Scale

(v) (a) Are you in Government Service?

Yes

No

(b) If yes, have you informed your Head of the Office/ Department

Yes

No

(vi) Have you ever been disqualified by Punjab/Union Public Service Commission or any other State Public Service Commission? Yes ☐ No ☐

(vii) (a) Have you been convicted by any Court ? Yes ☐ No ☐

(b) If yes, what was the punishment given.

(c) Whether there is any Criminal case pending/registered against you? Yes ☐ No ☐

(d) If yes then what is the present status of the case.

(PLEASE SIGN BOTH THE DECLARATIONS IF APPLICABLE ELSE, ONLY PART 'a')

DECLARATION

Ison/daughter Sh.
age.....yearR/o.....
.....districtPunjab declare that
all statements made in this application form on Page 1,2 & 3 are true, complete and correct
to the best of my knowledge and belief. In the event of any information being found false or
incorrect or ineligibility being detected before or after the selection. I shall be liable to the
punishment under the law and all the benefits drawn by me shall be summarily nullified.

Place:

Date:

Signature of the Candidate

(Tick relevant Part)

(b) I hereby declare that I am employee of Government of Punjab/Other State Governments/Central Governments and I have informed my Head of the Office/Department in writing that I am applying for this post.

Place:

Date:

Signature of the Candidate

FOR OFFICE USE ONLY

Diary No. _____ Date _____ Fee Received Rs. _____ entered on page no. _____

Superintendent
for Secretary
PPSC

CHECK LIST (Must Fill)

Have you attached the following self attested certificates :

	<u>Yes</u>	<u>No</u>
1. Date of Birth Certificate of Matriculation/Higher Secondary	<input type="text"/>	<input type="text"/>
2. Proof of having passed Punjabi	<input type="text"/>	<input type="text"/>
3. (a) Degree Certificate _____	<input type="text"/>	<input type="text"/>
(b) Detail Marks Card of _____	<input type="text"/>	<input type="text"/>
(c) Experience Certificate (if applicable)	<input type="text"/>	<input type="text"/>
4. Reserve Category Certificate (if applicable)	<input type="text"/>	<input type="text"/>
5. Proof of being Govt. Employee	<input type="text"/>	<input type="text"/>
6. Certificate as proof of age relaxation claim	<input type="text"/>	<input type="text"/>
7. Bank Draft	<input type="text"/>	<input type="text"/>
8. Three Identical Passport size photographs (Latest photographs duly attested by a Gazetted Officer in a plastic cover)	<input type="text"/>	<input type="text"/>
9. Whether concerned declarations have been signed or not?	<input type="text"/>	<input type="text"/>
10. Any other Certificate you wish to attach. (Specify in space below)		

Date:

Signature of the Candidate

Form of certificate to be submitted by a candidate belonging to Scheduled Caste and Scheduled Tribe in support of his/her claim

FORM OF CASTE CERTIFICATE

It is certified that Shri/Shrimati/Kumari _____
son/daughter of Shri _____ of village/Town
_____ District/Division _____ State of
_____ belongs to _____ Caste/Tribe, which has been recognized as a
Scheduled Caste/Scheduled Tribe as per “The Constitution (Scheduled Castes) Order, 1950”.

2. Shri/Shrimati/Kumari _____ and/or/his/her family
ordinarily resides in village/town _____
of District/Division _____ of the State of _____.

Signature _____

Designation _____

(Seal of office) _____

Place:

State:

Date:

* Please score out whichever is not applicable.

Note: The word 'ordinarily resides' here will have the same meaning as is given in Section 20 of the Representation of People Act, 1950.

Form of certificate to be submitted by a candidate belonging to a Backward Class in support of his/her claim

FORM OF CERTIFICATE OF BACKWARD CLASS

1. This is to certify that Shri/Shrimati/Kumari _____
son/daughter of Shri _____
of village/Town _____ in District/Division _____ of the
State of Punjab belongs to the _____ Caste, which is recognized as a Backward Class
in terms of Punjab Government letter No. _____ dated _____.

2. This is also certified that he/she does not belong to any category of persons/sections mentioned in
column 3 of the schedule to Punjab Government, Department of Welfare letter No.1/41/93-RCI/459
dated 17-01-1994, No. 1/41/93-RCI/1597 dated 17/08/2005 & 1/41/93-RCI/2009 dated 24-2-2009.

3. Shri/Shrimati Kumari _____ and/or/his/her family ordinarily
reside(s) in village/town _____ of District/Division _____ of the State
of Punjab.

Signature _____

Designation _____

(Seal of the officer concerned) _____

Place:

State:

Form of certificate to be submitted by a candidate who is a lineal descendant of an ex-serviceman in support of his/her claim

LINEAL DESCENDENT CERTIFICATE

(As per Punjab Government Notification No. G.S.R.9/Const/Art. 309, 234 and 318/Amd (5)/2003 dated 6 Nov 2002 and letter No. 15/7/92-4DW/Part 11/2056 dated 30 Apr 2003)

Certified that Sh/Smt/Miss _____ is a Lineal Descendent/

Wife of No. _____ Rank _____

Name _____ who is an Ex-Serviceman as per Identity Card No. _____

issued by District Sainik Welfare Officer _____ and residing at

Village/Town _____ PO _____ District. _____

2. This certificate is issued to Sh./Smt/Miss _____ whose date of birth is _____ strictly for the purpose of:

*(a) employment for the post of _____ in the office of _____

*(b) admission for (name of the class/course) _____ in _____ (name of the educational Institution).

*(Strikeout whichever is not applicable)

District Sainik Welfare Officer

No.: _____

Place: _____

Date: _____