

ANNEXURE - I

ANDHRA PRADESH PUBLIC SERVICE COMMISSION :: HYDERABAD

APPLICATION FOR THE POST OF _____
 (Application should be filled in by the applicant in his/her own handwriting)

Centre for Written Examination:
 (To be filled in by the _____ applicant)

Application Number
 (To be filled by Office)

Particulars of Fee: (if exemption is not claimed)

Name of the Post Office	I.P.O. Number & Date	Value in Rs.

1. Name in Full (in English Capitals Only)

NAME
 SURNAME

Paste here a recent passport size photo duly attested by a Gazetted Officer.

2. Father's/Husband's Name (in English Capitals Only)

NAME

3. Postal Address, _____ with Pin code:

NAME :
 (Write legibly)

S/O :
 H.NO :
 VILL :
 MDL :
 PIN CODE:

STREET:
 DISTRICT:

4. Sex 1-Male 2-Female

5. (a) Date of Birth DATE MONTH YEAR
 (Evidence to be produced)

6 (a).Community: (Mark) in the place provided: (Evidence to be enclosed).

OC	PH PERSONS			BACKWARD CLASS				SCHEDULED CASTE				ST	
	VIS.	HEA	ORTHO	A	B	C	D	A	B	C	D		

6 (b). If exemption from payment of fee is claimed indicate the category under which it is claimed.
 Write 1) ST, SC,BC etc. 2) White House hold supply card 3) Un-employed youth

7. Nationality: _____

8. If age relaxation is claimed, Specify Employee; 2- A.P. State
 1- Retrenched Census Government Employee;
 3- Ex-Service Man; 4- N.C.C. 5- PH persons 6- SC/ST/BC

9. District/Zone to which you belong: DISTRICT ZONE

10. Period of study from IV class to X class.
(Evidence should be produced from Head of Educational Institution in Annexure-II.B)

Class	Name and Place of School	District	Duration of Study giving month & year
IV			
V			
VI			
VII			
VIII			
IX			
TENTH OR SSC			

11. Educational Qualification Details: (as on 04.06.2001)

Qualification	Subject	University	Year	Division	% of Marks
1.					
2.					
3.					
4.					
5.					
6.					

12. If employed indicate full Service particulars with the designation of the employer
(Evidence to be enclosed)

DECLARATION

I hereby declare that all entries/statements made in this application 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 examination, action can be taken against me by the Commission.

I have read the provisions in the Rules and the Notification of the Commission carefully and I hereby undertake to abide by them.

I further declare that I fulfill all the conditions of eligibility regarding Age Limits, Educational Qualifications etc., prescribed for admission to the examination.

I have informed my Head of Office/Department in writing that I am applying for this examination.

I have submitted only one application.

Place:
CANDIDATE
Date :

SIGNATURE OF THE