APPLICATION PROFORMA FOR THE POSTS OF CLERK **DISABLED PERSONS ONLY-2019**

Department of Local Government Punjab (Punjab Municipal Bhawan, Plot No.-3, Sector-35 A, Chandigarh)

(Recruitment Cell)

Affix latest Self Attested Passport Size photo

Signature of Candidate

MUNICIPAL CORPORATIONS AND MUNICIPAL COUNCILS-NAGAR PANCHAYATS

Name of Post: Clerk Category of reservation in which applied:..... ge of disability..... Name of Candidate (In Block Letters) 2. Father/Husband Name (In Block Letters) 3. Date of Birth (DD/MM/YY) (Proof attached) Age as on 1st January, 2019 4. Place of Birth (District & State) 5. 6. Permanent Home Address 7. Correspondence Address Phone/Mobile No. 8. Email ID 9. 10. Nationality 11. Punjab State Domicile Certificate which was issued by the competent authority (copy enclosed). 12. **Qualifications** Name of exam Board/ Year of Marks Total marks %age of marks passed University passed obtained obtained 13. Whether passed Punjabi at the matric level Yes/No () attach proof. **Self Declaration** I.....son/daughter of Sh..... aged.....(years) do hereby declare that the above information and documents attached are correct and true to the best of my knowledge and nothing has been concealed therein. In case the information submitted by me is found incorrect or wrong, competent authority shall be at liberty to take action against me in accordance with law. Date:-Place:-

Detail of documents attached

APPLICATION PROFORMA FOR THE POST OF SERVICE GROUP-C DISABLED PERSONS ONLY-2019

Department of Local Government Punjab (Punjab Municipal Bhawan, Plot No.-3, Sector-35 A, Chandigarh)

(Recruitment Cell)

Affix latest
Self
Attested
Passport
Size photo

MUNICIPAL CORPORATIONS AND MUNICIPAL COUNCILS-NAGAR PANCHAYATS

<u>Nam</u>	e of Post:-		S.						
(1) I	Lineman	: Category	of reservation	n in which appli	ied:%aş	ge of disability			
(2) A	Assistant Linema	an: Category	of reservation	in which appli	ied:%aı	ge of disability			
	ump Operator,								
		: Category o	f reservation	in which applie	ed:%ag	e of disability			
1.	Name of Candidate (In Block Letters)								
2.	Father/Husband	Name (In Bl	ock Letters)					
3.	Date of Birth (I	DD/MM/YY)	(Proof attac	ched)		· · · · · · · · · · · · · · · · · · ·			
4.	Age as on 1st Ja	nuary, 2019							
5.	Place of Birth (District & Sta	te)						
6.	Permanent Hon	ne Address							
7.	Correspondence	Address	-						
8.	Phone/Mobile N	Vo.							
9.	Email ID		<u> </u>						
10.	Nationality								
11.	Punjab State D				1				
12.	Ouglifications	nt authority (c	opy enclos	ed).					
12.	Qualifications Name of exam Board/ Year of Marks Total marks %age of ma								
	passed	University		obtained					
5									
		Ci.							
13.	Whether passed	Punjabi at the	matric leve	el Ye	es/No () a	attach proof.			
8			Self Decl	aration					
	I	• • • • • • • • • • • • • • • • • • • •	son/dau	ghter of Sh	*******				
aged	(years)	do hereby de	clare that th	he above info	rmation and doc	uments attached are			
correct	and true to the b	est of my kno	owledge an	d nothing has	been concealed	therein. In case the			
inform	ation submitted by	y me is found	incorrect o	r wrong, com	petent authority	shall be at liberty to			
	tion against me in				- ·	•			
Date:-									
Place:-					Signat	ure of candidate			

Annexure-3

APPLICATION PROFORMA FOR THE POST OF SERVICE GROUP-D DISABLED PERSONS ONLY-2019

Department of Local Government Punjab

(Punjab Municipal Bhawan, Plot No.-3, Sector-35 A, Chandigarh)

(Recruitment Cell)

Affix latest
Self Attested
Passport
Size photo

MUNICIPAL CORPORATIONS AND MUNICIPAL COUNCILS-NAGAR PANCHAYATS

Name of Post: Beldar, Mali, Mali-cum-Beldar, Mali-cum-Chowkidar, Mali-cum-Beldar, Mali-cum-Chowkidar, Mali-cum-Beldar, Mali-cum-Chowkidar, Mali-cu

Category of reservation in which applied:%age of disability.....

1.	Name of Candidate (In Block Letters)								
2.	Father/Husband Name (In Block Letters)								
3.	Date of Birth (DD/MM/YY) (Proof attached)								
4.	Age as on 1st Ja	Age as on 1 st January, 2019							
5.	Place of Birth (District & Stat	te)						
6.	Permanent Hon	ne Address							
7.	Correspondence	Address	25	-					
8.	Phone/Mobile N	No.		<u> </u>	70				
9.	Email ID			·					
10.	Nationality								
11.	Punjab State D by the competer								
12.	Qualifications	Board/	Year of						
	Name of exam passed	Total marks	%age of marks obtained						
13.	Whether passed l	Punjabi at the	middle leve	el Yes	/No () a	ttach proof.			
			Self Decla	ration					
	I	• • • • • • • • • • • • • • • • • • • •	son/daug	ghter of Sh					
aged	(years)	do hereby dec	lare that th	ne above inform	nation and docu	iments attached are			
correct	and true to the b	est of my kno	wledge and	l nothing has l	peen concealed	therein. In case the			
						shall be at liberty to			
	tion against me in			4		•			
Date:-					•				
Place:-					Signatu	re of candidate			
Docum	ients attached				(A= 40)				

Annexure-4

APPLICATION PROFORMA FOR THE POST OF SERVICE GROUP-D **DISABLED PERSONS ONLY-2019**

Department of Local Government Punjab (Punjab Municipal Bhawan, Plot No.-3, Sector-35 A, Chandigarh)

(Recruitment Cell) MUNICIPAL CORPORATIONS AND MUNICIPAL COUNCILS-NAGAR PANCHAYATS

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Nam	ie of Post:-								
(1) I	Mate Civil :	Category of re	eservation in	which applied	d:%ag	e of disability			
(2) S						e of disability			
1.	Name of Candi	Name of Candidate (In Block Letters)							
2.	Father/Husband			-					
3.	Date of Birth (I		(Proof atta	ched)					
4.	Age as on 1st Ja	muary, 2019		· · · · · · · · · · · · · · · · · · ·					
5.	Place of Birth (te)						
6.	Permanent Hon	ne Address		10000					
7.	Correspondence	e Address							
8.	Phone/Mobile N	No.	,						
9.	Email ID								
10.	Nationality								
11.	Punjab State Domicile Certificate which was issued by the competent authority (copy enclosed).								
12.	Qualifications								
	Name of exam passed	Board/ University	Total marks	%age of marks obtained					
*									
13.	Whether passed	Punjabi at the	middle or i	matric level	Yes/No () attach proof.			
			Self Decl	aration					
	I	• • • • • • • • • • • • • • • • • • • •	son/dau	ghter of Sh		••••••••••••			
aged	(years)	do hereby de	clare that tl	he above info	ermation and doc	uments attached are			
						therein. In case the			
						shall be at liberty to			
	tion against me in	37							
Date:-									
Place:-					Signate	re of candidate			

APPLICATION PROFORMA FOR THE POST OF SERVICE GROUP-D DISABLED PERSONS ONLY-2019

Department of Local Government Punjab

(Punjab Municipal Bhawan, Plot No.-3, Sector-35 A, Chandigarh)

(Recruitment Cell)

Affix latest Self Attested Passport Size photo

MUNICIPAL CORPORATIONS AND MUNICIPAL COUNCILS-NAGAR PANCHAYATS

<u>Nam</u>	e of Post: Swa	sthak Sahay	ak					
Categ	ory of reservation	in which app	lied:		%age of	disability		
1.	Name of Candi							
2.	Father/Husband	Name (In Bl	ock Letters)				
3.	Date of Birth (I			•		-		
4.	Age as on 1st Ja							
5.	Place of Birth (District & Sta	te)					
6.	Permanent Hon	ne Address			 	10		
7.	Correspondence	Address				· · · · · · · · · · · · · · · · · · ·		
8.	Phone/Mobile N	No.	- 12 (12 (12 (12 (12 (12 (12 (12 (12 (12					
9.	Email ID							
10.	Nationality					**		
11.	Punjab State Domicile Certificate which was issued							
12.	by the competer Qualifications	nt authority (c	opy enclos	ed)				
	Name of exam passed	Board/ University	Year of passed	Marks obtained	Total marks	%age of marks obtained		
13.	Whether passed	Punjabi at the	middle leve	el Yes	s/No () a	ttach proof.		
			Self Decl	aration				

iged	(years)	do hereby de	clare that th	ne above infor	mation and docu	ıments attached are		
correct	and true to the b	est of my kno	wledge and	d nothing has	been concealed	therein. In case the		
	ation submitted by tion against me in			r wrong, comp	petent authority s	shall be at liberty to		
Date:-								
lace:-					Signatu	re of candidate		

APPLICATION PROFORMA FOR THE POST OF SERVICE GROUP-D **DISABLED PERSONS ONLY-2019**

Department of Local Government Punjab (Punjab Municipal Bhawan, Plot No.-3, Sector-35 A, Chandigarh)

(Recruitment Cell)

MUNICIPAL CORPORATIONS AND MUNICIPAL COUNCILS-NAGAR PANCHAYATS

Affix	latest
Self A	ttested
Passpor	t
Size ph	oto

Nam	e of Post:-							
(1) F	eon	: Category of	reservation in	n which applied:	:%age	of disability		
(2) S	afai Karamchar					基		
1.	Name of Candid				1	<u> </u>		
2.	Father/Husband	Name (In Blo	ck Letters)		,			
3.	Date of Birth (D	D/MM/YY) (Proof attach	ned)				
4.	Age as on 1st Jan	nuary, 2019	500	****				
5.	Place of Birth (I	District & State	e)					
6.	Permanent Hom	e Address		· · · · · · · · · · · · · · · · · · ·				
7.	Correspondence	Address	4 <u>4</u>	<u> </u>				
8.	Phone/Mobile N	lo.						
9.	Email ID							
10.	Nationality	-	·					
11.	Punjab State Domicile Certificate which was issued by							
12.	the competent as Qualifications	utnority (copy	enclosed).					
	%age of marks obtained							
·		8 8						
13.	Whether passed F	Punjabi at leve	1	Yes/	No () at	tach proof.		
			Self Declar	<u>ration</u>				
						• • • • • • • • • • • • • • • • • • • •		
						ments attached are		
correct	and true to the be	est of my know	wledge and	nothing has b	een concealed th	herein. In case the		
inform	ation submitted by	me is found i	ncorrect or	wrong, compe	etent authority sh	nall be at liberty to		
take ac	tion against me in	accordance w	ith law.					
Date:-								
Place:-					Signatu	re of candidate		