APPLICATION FORM FOR SELECTION OF DRIVER

Name	of Pos	t Applied for:	DRIVER				
Place	of Inte	rview	: ARMY PU	BLIC SCHOOL	L, NAGI	ROTA	
1.	PERSONAL DATA:-						
	(a)	Name in full	:				
	(b)	Son/daughter/wife of :					
	(c)	Date of Birth: (d) Age as on date: yrs					
	(e)	Address :					
	(f)	Telephone No):	••••	e-mail :	•••••	• • • • • • • • • • • • • • • • • • • •
2.	Educ	ational Qualific	eation :-				
Exam Passe		Name of Bo	ard/University	Year of Passing	Subject	t Taken	% marks obtained
3. your f	Expe First app		nn six months.	Fill in particula	ars in ch	ronological o	order starting
From	Period To		Na	me of School/Colle	Total period Years Months		
4.	Are y	ou presently wo	rking?				
	(a) Appt & Institution(b) Salary drawing			: :			
found	ledge a	and belief. I also alse at any later	o understand	articulars/statem that in case any ices are liable to	y particu	ılars given a	bove are
Dated	l :				(Signatu	re of the can	ididate)