

**APPLICATION FOR RECRUITMENT OF  
POSTAL ASSISTANTS AND SORTING ASSISTANTS**



Name of the Post applied for \_\_\_\_\_

Name of Division to which applied \_\_\_\_\_

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passport size  
photograph

1.	Name in full (IN BLOCK LETTERS) Shri. / Smt./Kum.	
2.	Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
3.	Father's Name	
4.	Present Address	
5.	a) Date of Birth (in Christian Era) in figures and words as recorded in SSLC / HSC / Cumulative Record (Attach attested copy of relevant certificates)	
	b) Place of Birth	
	c) Age as on the last date of submission of application	Years <input type="text"/> Months <input type="text"/> Days <input type="text"/>
6.	Whether - (a) SC / ST / OBC (Mention Caste & attach attested photocopy of certificate issued by competent authority in the prescribed format)	
	b) Physically handicapped (attach attested copy of certificate issued by the competent Medical Board)	
7.	Nationality	

## 8. Educational Qualification

Sl. No.	Examination Passed	Year of Passing	Marks Obtained Grade & Total %	Name of the Board / University
i)	SSLC			
ii)	10 + 2 or 12th Class			
iii)	Graduation			
iv)	Post Graduation			
v)	Whether studied Tamil as a subject upto matriculation (SSLC)	Yes / No (Please strike out whichever is not applicable)		
vi)	Whether Passed 10 + 2 or 12th class with English as a compulsory subject	Yes / No (Please strike out whichever is not applicable)		
vii)	Any other relevant information			

## **DECLARATION**

**(Please strike out para(s) whichever not applicable)**

- a) I, Shri. / Smt. / Kum. \_\_\_\_\_ hereby declare that all the information given above are true to the best of my knowledge and belief. I understand that if any information is found to be false at a later stage, I am liable to be punished and my appointment will be terminated. I also understand that in the event of my failure to complete the pre-appointment training for whatever reason, my selection is liable to be cancelled.
- b) I, Shri / Smt. / Kum. \_\_\_\_\_ being Physically Handicapped understand that my selection is liable to be cancelled if it is found later on Medical examination by the competent authority that I do not come under the category of Physically Handicapped as defined in the relevant order.

c) I, Shri. / Smt. / Kum. \_\_\_\_\_ son / daughter of \_\_\_\_\_  
resident of village / town / city \_\_\_\_\_ District \_\_\_\_\_ State  
\_\_\_\_\_ hereby declare that I belong to the \_\_\_\_\_ community  
which is recognized as a backward class by the Government of India for the purpose of reservation in  
services as per orders contained in Department of Personnel and Training Office Memorandum No.  
36012/22/93-Estt. (SCT) dated 8-9-1993. It is also declared that I do not belong to persons / sections  
(creamy Layer) mentioned in column 3 of the Schedule to the above referred Office Memorandum dated  
8-9-1993.

Place :

Date :

Signature of candidate