



छावनी परिषद् देहुरोड

(भारत सरकार, रक्षा मंत्रालय)

CANTONMENT BOARD DEHUROAD

(Government of India, Ministry of Defence)

Dehuroad, Pune – 412 101,

Ph. No.020 27671222, Fax: 020 27672610

e-mail: ceodehuroad@gmail.com, website: www.cbdehuroad.org

FOR OFFICE USE ONLY

Inward No.

Inward Date

POST APPLIED FOR:-

Employment Notification No. :

Dated :

PASTE HERE A
SIGNED COPY OF
YOUR RECENT
PASS-PORT SIZE
PHOTOGRAPH

DEMAND DRAFT PARTICULARS

Name of the Bank	D.D. No.	D.D. Date	Amount

1. PERSONAL DETAILS (FILL IN CAPITAL LETTERS ONLY)

1	Name of Applicant	:	
2	Father's / Spouse Name	:	
3	Date of Birth (As recorded in the Matriculation or equivalent certificate)	:	
4	Place of Birth :	: City / Village:	State: Country:
5	Religion	:	

6	Nationality	:			
7	Aadhaar No.	:			
8	Gender	: Male	<input type="checkbox"/>	: Female	<input type="checkbox"/>
9	Marital Status	: Married	<input type="checkbox"/>	: Unmarried	<input type="checkbox"/>
10	Category (SC/ST/OBC/General)	:			
11	If physical challenged, indicate relevant particulars	Type of disability	:		
		Percentage of disability	:		

(Please tick wherever applicable)

2. EDUCATIONAL QUALIFICATIONS: (Attached self-attested photocopy of marks sheet & degree of each examination)						
Degree	Name of the Board / University	Year of passing	%age of marks / CGPA with %age marks	Division / Class	Subjects studied	Remarks
Matriculation (10th)						
Higher Secondary / Intermediate (10+2)						
Bachelor's Degree						
Master's Degree						

3. TECHNICAL QUALIFICATIONS

Diploma/ Certificate	Name of the Institute	Year of Passing	% of marks/CGPA	Subject(s)

4. REGISTRATION DETAILS (Applicable for post of Lab Technician and Staff Nurse)

Name of the recognizing Authority/Council	Date of Registration	Registration No.

5. CURRENT POSITION

Designation	Employer (Name of the Organization)	Date of Joining (Date / Month / Year)	Nature of Appointment (Ad hoc / Temporary / Permanent / Contractual)
Basic Pay (p.m.)	Pay Band	GP / AGP	Gross Salary (p.m.)

6. PAST WORK EXPERIENCE :

Designation	Name of Organization	Pay Scale / Band	Basic Pay (p.m.)	Nature of appointment	Period of service		
					From	To	Total Experience in Years/Months

7. CONTACT DETAILS OF THE APPLICANT	
ADDRESS FOR CORRESPONDENCE	PERMANENT ADDRESS
Name:	Name:
House No:	House No:
Street:	Street:
City:	City:
State:	State:
Pin Code:	Pin Code:
e-mail :	
Phone No. (with STD code) :	
Mobile No. :	

8. DECLARATION
<p>I,son of..... hereby declare that all details furnished by me in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false, incomplete or incorrect, my candidature / appointment is liable to be cancelled / terminated by the Cantonment Board without assigning any reason thereof.</p> <p style="text-align: right;">Signature of the applicant: _____</p> <p style="text-align: center;">Name in Capital letters:</p> <p>Date:</p> <p>Place:</p> <p>Note:</p> <p><i>1. Unsigned application is liable to be rejected and no correspondence will be entertained.</i></p> <p><i>2. The Cantonment Board shall not be responsible, if any column is not filled up properly and legibly.</i></p>

9. CHECKLIST OF DOCUMENTS ENCLOSED		
Sl. No.	Documents (submit in copy only)	Tick (√)
1	Demand Draft (if applicable)	
2	Matric / Secondary / High School (10th Class) Marks Sheet	
3	Matric / Secondary / High School (10th Class) Certificate	
4	Sr. Secondary / Intermediate (12th Class) Marks Sheet	
5	Sr. Secondary / Intermediate (12th Class) Certificate	
6	Bachelor's Degree Marks Sheet	
7	Bachelors' Degree	
8	Technical Qualification Certificate	
9	Registration Certificate	
10	Experience Certificate(s) from previous employers(if any)	
11	SC / ST / OBC / Handicapped Certificate	
12	Others, if any:	

Note: List of Documents be checked & ticked properly. Any lapse on this account is liable for rejection of your form.