

To

The Commandant
Central Ammunition Depot
Pulgaon, PIN 442303

**APPLICATION FOR THE RECRUITMENT OF TRADESMAN MATE /FIREMAN/JUNIOR OFFICE
ASSISTANT/ VEH MECH/TAILOR**

Recruitment Notice No. _____

1. Post applied for : _____
2. Name of Candidate (in block letters) : _____
3. Father's Name : _____
4. Date of Birth :

Affix recent
passport size
photograph duly
self attested

	DD		MM		YYYY			

5. Age as on last date prescribed for receipt of application.
Years.....Months.....Days.....

6. **Address for correspondence :-**

House No/Street/Village _____
Post Office _____ Distt _____
State _____ PIN Code _____

7. **Permanent address:-**

House No/Street/Village _____
Post Office _____ Distt _____
State _____ PIN Code _____

8. **Educational Qualification:**

S.No	Qualification	Name of School	Name of Board	Total Marks Obtained	Percentage of Marks obtained (upto two decimal, example 50.60)			

Note : Attach Mark Sheet of all education qualification.

9. **Category for which applied:-**

(a)

UR	SC	OBC	ST

(b)

PH	ESM	Meritorious Sports Person

10. If applied for the post as Ex-servicemen:-

- (a) Date of enrolment (In Army/Navy/Air Force) : _____
- (b) Date of Retirement _____
- (c) Total Service : _____ Years _____ Months _____ Days. (Attach copy of discharge certificate)

11. If applied for the post of firemen in PH (Hearing Handicapped) category :-

- (a) Type of disability (HH) _____
- (b) Percentage of disability _____

12. Whether registered with any Employment Exchange : Yes/No

If yes, mention Registration Number and name of employment exchange.

13. Whether employed in Central Govt Services? Yes/No _____

If yes, mention service details as under :-

Name of employer	Office Details	Name of the post	Date of appointment

DECLARATION

13. I hereby certify that above particulars mentioned in the application are true and correct to the best of my knowledge and belief, I understand that in the event of my information being found false or incorrect at any stage or not satisfying the eligibility criteria according to the requirements of the advertisement, my candidature/appointment is liable to be cancelled/terminated. I am willing to serve anywhere. I agree that department has the right to transfer me to anywhere in India.

Dated :

(Signature of candidate)

Place :

FOR OFFICE RECORDS ONLY

1. Application received on : _____

2. Application accepted/rejected : _____

3. Reason for rejection: Underage/Overage/Documents incomplete/Photo or documents not attested/any other reason to be specified :-

4. Index No _____ Date of Test _____

ACKNOWLEDGEMENT CARD

(Fill column 1,2,3,4 & 8)

1. Name :
2. Date of Birth :
3. Father's/Husband Name :
4. Address for Correspondence :
House No/Street/Village _____
Post Officer _____
Tehsil _____
District _____
State _____ PIN _____
5. Application accepted/rejected and date of test if accepted :
6. Reason for rejection:
7. Date and time of reporting for test
Venue of test: Central Ammunition Depot, Pulgaon, PIN – 442303
- Note : (a) Please bring all original document/certificates along with this Acknowledgement at the time of Physical Test.
(b) Signature of the candidate should not differ as put in the Application from during the physical test.
8. Category: UR/SC/ST/OBC/PH/ESM.

Affix recent
passport Size
photograph duly
self attested

Signature of candidate

Signature of Controlling Officer

**CALLING
LETTER**

(MANDATORY: TO BE ATTACHED ON SEPARATE SHEET)

Application No _____

Index No _____

(To be left blank)

Central Ammunition Depot
Pulgaon
Dist - Wardha
Maharashtra, Pin – 442303

Affix recent passport size photograph duly self attested

C No /

2021

TEST FOR THE POST OF

1. Refer to your application submitted in response to the post of _____
2. Please report for a test on _____ at _____.
3. All certificates (mentioned in advertisement) will be brought in original along with 4 x passport size photographs. No boarding / lodging will be provided. Candidate must come prepared for a stay up to 03 days.
4. The candidate failing to report on the fixed date / time will not be allowed to take test.
5. Production of this letter is mandatory for entry alongwith Govt issued photo ID proof in original on all days of test (Voter Card / Driving Licence / AADHAR Card / PAN Card).

FORM OF CASTE CERTIFICATE

1. This is certify that Sh/Smt/Kumari _____ Son/Daughter of _____ of village/ Town _____ in District / Division _____ of the State/Union _____ belongs to the _____ Caste/Tribe, which is recognized as a **Scheduled Caste/Scheduled Tribe**

Under:-

The Constitution (Schedule Castes) Order, 1950

The Constitution (Schedule Castes) Order, 1950

The Constitution (Schedule Castes) (Union Territories) Order, 1951

The Constitution (Schedule Castes) (Union Territories) Order, 1951.

{as amended by the Scheduled Caste and Scheduled Tribes Lists (Modification Order) 1956, the Bombay Recorganization Act 1960, the Punjab Reorganization Act 1966, the State of Himachal Pradesh Act, 1970, the North Eastern areas (Reorganization) Act 1971 and the Scheduled Caste and Scheduled Tribes Order (Amendment) Act 1976}.

2. This certificate is issued on the Scheduled Caste / Scheduled Tribes Certificate issued to Shri / Smt _____ Father/Mother of Shri/Smt/Kumari _____ of village/ Town _____ in District / Division _____ of the State/Union _____ belongs to the Caste/Tribe which is reorganizes as a Scheduled Castes/Scheduled Tribe in the State/Union Territory _____ issued by the _____ dated _____.

3. Shri/Smt/Kumari _____ and or his / her family ordinary resides in village / town _____ of District of the State /Union Territory of _____.

(Name/Designation/Seal of Comp Auth)

FORM OF CASTE CERTIFICATE (OBC)

1. This is certify that Sh/Smt/Kumari _____ Son/Daughter of _____ of village/ Town _____ in District / Division _____ of the State _____ belongs to _____ community / which is recognized as Backward class under the Govt of India, Ministry of Social Justice & Empowerment's

Resolution No _____ dated _____.

2. Shri/Smt/Kumari _____ and /or his / her family ordinarily reside (s) in village / town _____ of District/Div of the state of _____. This is also to certify that he/she does belongs to the persons / sections (Creamy layer) mentioned in column 3 of the Scheduled to the GOI, DoPT No 36012/12/93-Estt (SCT), dated 08.09.1993.

(Name/Designation/Seal of Comp
Auth)

(Name and Address of the institute/Hospital)

Certificate No. _____ Date _____

Recent photograph of the candidate showing the disability duty attested By the Chairperson of the Medical Board

DISABILITY CERTIFICATE

1. This is certified that Shri/Smt/Kumari _____ Son/Wife/Daughter of _____ age _____ Sex _____ Identification Mark (s) _____ is suffering from permanent disability of following category.

(a) **Locomotor of cerebral palsy :-**

- (i) BL – Both legs affected but not arms
- (ii) BA – Both arms affected.
 - (a) Impaired reach.
 - (b) Weakness of grip.
- (iii) BLA – Both legs and both arms affected.
- (iv) OL – One leg affected (Right or Left)
 - (a) Impaired reach.
 - (b) Weakness of grip.
 - (c) Ataxic
- (v) OA – One arm affected
 - (a) Impaired reach.
 - (b) Weakness of grip.
 - (c) Ataxic.
- (vi) BH – Stiff back an hips (cannot sit or stoop)
- (vii) MW – Muscular weakness and limited physical endurance.

(b) **Blindness or low Vision :-**

- (i) B – Blind.
- (ii) PD – Partially deaf.

(c) **Hearing impairment :-**

- (i) D - Deaf.
- (ii) PD – Partially Deaf.

(Delete whichever is not applicable)

(d) Autism intellectual disability, specific learning disability & mental illness.

(a) Multiple disabilities from amongst persons under clauses (a) to (d) including deaf – blindness.

2. This condition is progressive / non progressive/likely to improve/not likely to improve. Re-assessment of the case is not recommended / is recommended after a period of _____years _____ months.**

3. Percentage of disability in his / her case is _____ percent.

4. Shri/Smt/Kum _____ meets the following physical requirements for discharge of his/her duties:-

- | | | |
|-----------------------------------------------------|---|----------|
| (a) F-can perform work by manipulating with fingers | - | Yes / No |
| (b) PP-can perform work by pulling and pushing | - | Yes / No |
| (c) L-can perform work by lifting | - | Yes / No |
| (d) KC-can perform work by kneeling and crouching | - | Yes / No |
| (e) B-can perform work by bending | - | Yes / No |
| (f) S-can perform work by sitting | - | Yes / No |
| (g) ST-can perform work by standing | - | Yes / No |
| (h) W-can perform work by walking | - | Yes / No |
| (j) SE-can perform work by seeing | - | Yes / No |
| (k) H-can perform work by hearing and speaking | - | Yes / No |
| (l) RW-can perform work by reading and writing | - | Yes / No |

(Dr _____)
Member
Medical Board

(Dr _____)
Member
Medical Board

(Dr _____)
Member
Medical Board

Countersigned by the Medical Superintendent /CMO/Head of Hospital (with seal)

* strike out which is not applicable