ANNEXURE-I

APPLICATION FORMAT FOR LIMITED DEPARTMENTAL COMPETITIVE EXAMINATION FOR TTA'S AGAINST 40% QUOTA FOR THE RECRUITMENT YEAR 2008 in M.P.Circle.

NAME OF THE SSA.....

LAST DATE FOR SUBMISSION OF APPLICATION TO THE SSA HQRS IS 15.07.2010

HRMS NO..... Contact Landline/Mobile No.....

1	Full Name of the Applicant (in Capital)	:
2	Community (Whether SC/ST)	:
2a	Whether Physically Handicapped	: YES/NO (If Yes, Proof to be attached)
3	Date of Birth	:
4	Unit Where Working	:
5	(A) Date of Entry in the Department:	
	(B) Post Appointed as	:
6	(A) Post held at the time of submitting the Application	: TOA/Sr.TOA/TM/Tech.
	(B) Present Pay Scale	:
	(C) Basic Pay as on 1st July 2008	:
7	Whether passed 10+2 or equivalent	:
	If Yes, Year of passing the exam (Proof to be attached)	:
8	Whether 5 years of regular service Rendered	: YES/NO
9	Length of service rendered as on 01.07.2008	:
10	Whether Applicant absorbed in BSNL if so, Staff No.	:
11	Wheter willing to answer wholly in Hindi or English	:

I ..... (Name of the candidate) hereby declare that the particulars filled by me in this form are true to the best of my knowledge and belief.

Place :
Date :

Signature of the Applicant

Application is hereby forwarded to SSA concerned.

Controlling Officer

Certified that the above particulars furnished by the candidate has been verified with relevant records and found correct. The case is recommended/not recommended.

Signature of Head of SSA

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O/S. Rl. put on our site.

(S.R. Nayak)
C.J.