HQ SOUTHERN AIR COMMAND, INDIAN AIR FORCE

PROFORMA FOR APPLICATION

Application for the post of _____in _____Unit

Self Attested Photograph Paste Here

1. Post applied for _____
2. Name of Candidate (in Block letters) _____
3. Father's Name _____
4. Date of Birth _____/_____/_____
   (attach copy of Birth Certificate self attested)
5. Age as on last date prescribed : Years_____Months_____Days_____
   for receipt of application
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. Caste [Gen/OBC/SC/ST]_____
   (Attach copy of self attested Certificate in case of SC/ST/OBC)
9. Educational Qualification _____
   (Attach education certificate self attested)
10. Any other Qualification/Experience _____
11. Category for which applied _____(attach self attested copy)
    [Gen (UR)/OBC/SC/ST/EWS/Ex-Serviceman/Meritorious Sport person / Physically Handicapped]
12. Technical Training/Experience _____
13. Domicile _____(attach self attested copy)
14. Whether registered with any Employment Exchange : Yes / No _____
    If yes, mention Registration No and Name of employment exchange _____
15. I hereby certify that above particulars mentioned in the application are correct and true to the best of my knowledge and belief, if particulars mentioned by me are found false at any stage then I shall be liable to be terminated without any notice.

Place : _____

Date : _____ (Signature of candidate)

FOR OFFICIAL RECORD ONLY

1. Received on_____
2. Accepted/Rejected_____
3. Reason for rejection: Underage/Overage/incomplete documents/Any other reason to be specified _____
4. Index No :_____Date of Test/Skill/Practical/Physical Test_ _____

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ACKNOWLEDGEMENT CARD

Post of _____

Photograph Paste Here [Self Attested]

1. Name _____

2. Father's Name _____

3 Address for correspondence :
[To be filled same as per Column 6 of application form]

_____

House No/Street/Village_____Post Office_____

Distt_____State_____PIN Code_____

4. Index No _____

Date and time of Test / Skill / Practical / Physical Test_____

5. Venue of Written Test / Skill / Practical / Physical Test_____

Signature of Controlling Officer