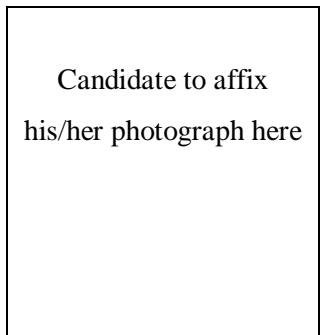


APPLICATION FORM FOR THE POST OF JUNIOR AUDITOR

(Reserved for Partly Deaf)



- 1. Name _____
- 2. Father's/Husband's Name _____
- 3. Correspondence Address _____

- 4. Permanent Address _____

Contact No. (L/L) _____ Mob. No. _____

E-mail Address (if any) _____.

- 5. Date of Birth _____
- 6. Age as on 01.01.2009 _____
- 7. Educational Qualification (Pl. enclose attested photocopies) _____
- 8. Registration No. & Name of Employment Exchange where registered (if any) _____

9. (a) Whether Partly Deaf? *Yes / No*

(b) Whether attested copy of Medical Certificate in support of **Part Deafness** enclosed? (**Applications received without Medical Certificates will not be considered**)

Yes / No

10. Whether attested copy of Bonafide Himachali Certificate issued by the competent authority enclosed? *Yes / No*

11. (a) Whether the applicant has been convicted by any court? *Yes / No*

(b) If Yes, please give complete detail _____

12. (a) Whether any case is pending against the applicant in any court?

Yes/No

(b) If Yes, please give complete detail _____

I _____ son/daughter/wife of Sh. _____
resident _____ of _____

_____ District _____ do hereby solemnly declare that the particulars given as above by me are true to the best of my knowledge and nothing has been concealed by me.

Place : _____

Dated: _____

Signature of the Applicant.