

JAMMU AND KASHMIR PUBLIC SERVICE COMMISSION, SRINAGAR/ JAMMU.

(APPLICATION FORM FOR EXCISE & TAXATION (S.I.) DEPARTMENTAL EXAMINATION)

Registration No. PSC/Ex/SI /

1. Details of Bank Draft
(attached original Bank Draft)

Name of the Bank _____

B. D. No. _____

Dated: _____

Amount Rs. _____

**PHOTO SPACE
(To be attested by the
Competent Authority)**

2. Name of the candidate : _____
(in block letters)
3. Parentage : _____
4. Permanent Address : _____

5. Address for correspondence : _____

6. Qualifications : _____
7. Post held at present : _____
8. Scale of pay of the post held : _____
9. Date of appointment to the post
with total service in the grade : _____
10. Have you passed any other
departmental examination, if so,
give Roll No. & Session etc. : _____

11. Have you appeared in this
examination before (If YES
please give the following
information) : _____

S.No. Session Roll No. Paper in which appeared Papers passed

12. Papers in which candidates wants to appear in this examination : _____
13. Centre at which the candidate wants to take the examination : JAMMU / SRINAGAR
14. Have you ever been debarred by the Public Service Commission, if so, state period of debarment, if any. : _____
15. Are you exempted from appearing in any paper in this examination. (Please attach a copy of the document/certificate in support of your claim) : _____
16. Date of submission of application form. : _____

I, _____ certify that the statements made hereinabove are true to the best of my knowledge and belief and I undertake that if any information is found incorrect at any stage, I shall be liable to any action as the Commission may deem fit.

Signature of the Candidate

Date: _____

ELIGIBILITY CERTIFICATE TO BE ISSUED BY THE COMPETENT AUTHORITY VIZ. HEAD OF THE DEPARTMENT CONCERNED.

Forwarded in original to the Secretary, Jammu and Kashmir Public Service Commission.

It is certified that Shri _____ working as _____ in this department is, as per rules, eligible to appear in the _____ Departmental Examination.

Signature
Designation
Office seal

JAMMU AND KASHMIR PUBLIC SERVICE COMMISSION, JAMMU/SRINAGAR

(To be filled in by the Candidate)

ADMIT CARD

(Candidate will be admitted in the examination hall only on production of this card.)

NAME OF THE EXAMINATION : _____

CENTRE : SRINAGAR/JAMMU

NAME OF THE CANDIDATE : _____

FATHER'S NAME : _____

ADDRESS : _____

Affix attested
passport size
photograph.

FOR OFFICE USE ONLY

ROLL NUMBER : _____ VENUE : _____

DATE : _____ TIME : _____

DEPUTY SECRETARY
J&K PUBLIC SERVICE COMMISSION

JAMMU AND KASHMIR PUBLIC SERVICE COMMISSION, JAMMU/SRINAGAR

(To be filled in by the Candidate)

ADMIT CARD

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DEPUTY SECRETARY
J&K PUBLIC SERVICE COMMISSION

JAMMU AND KASHMIR PUBLIC SERVICE COMMISSION, JAMMU/SRINAGAR

APPLICATION FORM FOR ACF EXAMINATION.

1. NOTIFICATION NO. _____ DATED: _____

2. DETAILS OF THE POSTAL ORDER/BANK DRAFT.

Postal order/bank draft no. _____

Dated: _____

Amount: _____

Name of the Bank/Post Office: _____



3. NAME OF THE CANDIDATE : _____

4. PARENTAGE : _____

5. PERMANENT ADDRESS : _____

6. ADDRESS FOR CORRESPONDENCE : _____

7. DATE OF BIRTH : _____

(IN WORDS) : _____

8. ARE YOU A MEMBER OF ANY RESERVED CATEGORY : YES/NO

IF YES SPECIFY THE CATEGORY : _____

9. DETAILS OF EDUCATION QUALIFICATIONS:-

Examination	Marks Obtained	Percentage	Year of passing	Board/University

CONTD. ON PAGE 2

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10. ARE YOU EMPLOYED? IF YES GIVE FOLLOWING DETAILS.

Full Address of the Employer	Post Held	From – To	Pay Scale	Reasons for Relinquishing

11. HAVE YOU EVER BEEN DEBARRED / DISQUALIFIED / DISMISSED /PENALIZED? _____

IF YES GIVE DETAILS: _____

12. ANY OTHER DISTINTION ACHIEVED THAT YOU WOULD LIKE TO MENTION: _____
(Attach a separate sheet if needed)

13. OPTIONAL PAPERS IN WHICH YOU WANT TO APPEAR: _____

14. CENTRE AT WHICH YOU WANT TO APPEAR: SRINAGAR / JAMMU

DETAILS OF ENCLOUSERS:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

I _____ certify that the statements made hereinabove are true to the best of my knowledge and belief and I undertake that if any information is found incorrect at any stage, shall be liable to any action that the Commission may deem fit.

SIGNATURE OF THE CANDIDATE

DATE:
