APPLICATION FORM

HEADQUARTERS EASTERN NAVAL COMMAND-VISAKHAPATNAM

(TO BE FILLED BY CANDIDATE IN CAPITAL LETTERS ONLY)

1.	Name of the candidate:										nt ize	
2.	Aadhar Number:									photograp	h duly	
3.	Father's Name:										eu	
4.	Date of Birth: 5.Nationality:											
6.	(Please tick the appropriate box) Gender: Male											
8.	Category: SC ST OBC UR											
9.	Religion:											
10.	PWD: Yes No If Yes, VH OH HH											
11.	Presently holding the post and since when :											
12.	Permanent Address:											
13.	Address for correspondence:											
14.	Educational qualifications (Academic/Technical): Examination Board/University Year of Passing Subjects Percer							tage of	- 1			
	Passed		, ,						Marks			
											-	
15. authen	Details of		ployment, ignature, if t		_			sepa	arate s	heet duly	J	
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riace: _												
			Lei	ft hand T	humb Impr	 ession)	Sig	natu	re of th	e Candidate	•	