

HIGH COURT OF ANDHRA PRADESH
APPLICATION FOR THE POST OF OFFICE SUBORDINATE / DRIVER
(Notification No. 01/2020, Dated:30/01/2020)

Place provide to
affix photograph
duly attested by
the Gazetted
Officer

1. Name of the applicant :
(in capital letters)
2. Father's Name/Husband's Name :
3. Date of Birth :
(enclose relevant certificate)
- b) Age as on 01.07.2020 :
4. Address for communication :

PIN: _____

5. Permanent Address :
- _____
- _____
- _____
- PIN: _____

6. Contact Details : Land Line No. _____
- : Mobile No. _____
- Alternate Contact No. _____
- e-Mail ID. _____

7. Whether belongs to O.C., B.C., S.C., S.T., & ESM :
(Specify sub group/caste.)
(Copy of certificate to be enclosed).

OC	ESM	SC	ST	B.C				
				A	B	C	D	E

8. Whether belongs to Physically Challenged persons category :
(Specify nature of handicap **and Enclose copy of certificate**).

S.No.	Nature	%
1.	Blindness or low vision	
2.	Hearing Impaired	
3.	Locomotor disability or Cerebral palsy	

9. Educational Qualifications

a) Academic

Examination passed	Name of the Board/University/School	Month and year of passing with registration number	Division of pass	Percentage of marks secured

b) Technical Qualifications, if any :

c) Special Skills (with certificates) :

d) Others, if any :

10. Driving Licence details : Driving Licence No.

Type of Vehicles : MCWG/ LMV / HMV

Issue Date :

Expiry Date :

Issuing Authority :

11. Driving Experience :
(Relevant document to be enclosed)

12. Employment Registration No. and Date :

13. Work experience with specialization / Special skills, if any :

14. Working in State/Central Government (if so, the particulars) :

15. Any other relevant information :

DECLARATION

I solemnly declare that the above information furnished by me and all the statements made in this application are true and correct to the best of my knowledge and belief and if any information found to be false in future, I will be liable for any action to be taken against me as per rules.

I further declare that I fulfill all the conditions of eligibility regarding age limit, educational qualifications, etc., prescribed for appointment to the post to which I have applied.

Station:

Date:

SIGNATURE OF THE APPLICANT

LIST OF ENCLOSURES/DOCUMENTS (ATTESTED BY GAZETTED OFFICER)

1	Certificates of academic and technical qualifications such as Marks lists, Pass Certificates, provisional certificates, Transfer Certificate and other testimonials	YES	NO
2	Certificate of date of birth, residence and nativity issued by competent authority.	YES	NO
3	Community Certificate in case of BCs, SCs and STs and the certificate shall show specifically the classification of the group.	YES	NO
4	Discharge certificate for Ex-Servicemen.	YES	NO
5	Latest attested copy of disability certificate " showing the percentage of disability " has to be submitted by disabled candidates, obtained from Medical Board.	YES	NO
6	Copy of the Driving license along with driving experience certificate.	YES	NO
7	Fitness certificate issued by the competent authority as per Government Rules for the post of Drivers.	YES	NO
8	Any other relevant certificate.	YES	NO
9	One recent passport size photograph duly attested by any Gazetted Officer to be affixed in the space provided in the application form.	YES	NO
10	Two recent passport size photographs to be attached along with application.	YES	NO
11	A duly stamped self addressed envelope cover should be enclosed.	YES	NO
12	Demand Draft	YES	NO

Station:
Date:

SIGNATURE OF THE APPLICANT