



# **CANTONMENT BOARD KAMPTEE**

## **MINISTRY OF DEFENCE**



### **DETAILED APPLICATION FORM FOR POST OF**

### **OT (NURSE)- UR**

Self attested copy  
of recent passport  
size photograph  
to be pasted here.

#### **01. PERSONAL DETAILS**

- a. Full Name of candidate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Surname) / (First Name) / (Middle Name).
- b. Gender: \_\_\_\_\_ (Male/ Female/ Others)
- c. Date of birth: \_\_\_\_\_ (As per matriculation certificate or other equivalent proof as per advertisement.)
- d. Fathers Full name: \_\_\_\_\_
- e. Mothers Full Name: \_\_\_\_\_
- f. Nationality : \_\_\_\_\_ (Indian / Other).

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PLACE: \_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

## 02. CATEGORY DETAILS

- a. Candidates of Personswith Benchmark Disability: \_\_\_\_\_ (Yes /No).
- b. Ex-serviceman: \_\_\_\_\_(Yes /No).
- c. Community :\_\_\_\_\_ ( General/OBC/SC/ST).
- d. Age relaxation claimed\_\_\_\_\_ (YES/ NO)
- e. If Yes type of relaxation .....(PwBD/ Ex- Serviceman)

## 03. CORRESPONDENCE DETAILS.

- a. Present Address for communication:

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City/Tahsil: \_\_\_\_\_ District \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

PINCODE: 

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b. Mobile No. 

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c. E-mail: \_\_\_\_\_

**04. EDUCATIONAL QUALIFICATION DETAILS.**

<b>Sr. No.</b>	<b>Qualification Type</b>	<b>Name of Qualification</b>	<b>Subject / Stream / Branch</b>	<b>Board / University</b>	<b>Percentage / CGPA (For Grade add respective percentage value)</b>
01	SSC				
02	HSC				
03	GNM diploma course or B. SC Nursing				
04	Any other higher qualification.				

**05. OTHER DETAILS**

<b>SR. NO.</b>	<b>DETAILS</b>	<b>OPTIONS</b>	<b>FILLED BY CANDIDATE WITH YES OR NO</b>
<b>A</b>	Whether any prosecution is pending in any Court of Law against you?	<b>YES/NO</b>	
<b>B</b>	Whether any disciplinary action has been initiated by Government/Semi-Government Organisations against you?	<b>YES/NO</b>	
<b>C</b>	Whether disciplinary or any other similar action is initiated by Bar Council or Medical Council or Association or other Professional/Vocational Institution?	<b>YES/NO</b>	
<b>D</b>	Was any Court Case filed against you?	<b>YES/NO</b>	
<b>E</b>	Whether debarred or Black Listed for Examination / Selection held by SSC Board/University / MPSC / Other P.S.C/ UPSC or any other Organisations?	<b>YES/NO</b>	

**06. ATTACHED DOCUMENT DETAILS.**

<b>SR. NO.</b>	<b>DETAILS OF CERTIFICATES</b>	<b>ATTACHED BY APPLICANT – PLEASE WRITE WHICH CERTIFICATE OR CERTIFICATE NUMBER ATTACHED AGAINST REQUIRED DOCUMENT. (WRITE NA IF NOT APPLICABLE)</b>
<b>1</b>	Certificate of date of birth.	<b>Name of Certificate</b> _____  <b>Date of Birth</b> _____
<b>2</b>	Certificate regarding Ex – serviceman or PwBD.	<b>Certificate No.</b> _____ <b>Issuing Authority</b> _____  
<b>3</b>	SSC	<b>Passing Certificate No.</b> _____  <b>Date</b> _____

**PLACE:** \_\_\_\_\_ **DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

4	HSC	<b>Passing Certificate No.</b> _____  <b>Date</b> _____
5	Certificates of diploma course / certificate in GNM or B. Sc. Nursing.	<b>Certificate No</b> _____  <b>Year of Passing</b> _____
6.	Registration of GNM with state Nursing Council.	<b>Certificate No</b> _____  <b>Year</b> _____
6	Any Higher Qualification	<b>Qualification</b> _____  <b>Year</b> _____
7	Two self Addressed Envelope attached?	  _____ <b>(Yes/No)</b>
8	Two latest coloured passport size Photographs attached?	  _____ <b>(Yes/No)</b>
9	Identity card photocopy attached? (Passport /Aadhaar card/ Driving License/ Election Commission ID Card/ CGHS/ECHS Card/Income Tax PAN Card/ any other Govt. ID card).	<b>Id Card Name/Type</b> _____  <b>Id Card No.</b> _____
10	Application fee:- "Rs. 200 Demand Draft in favor of Chief Executive Officer Kamptee Cantonment Payable	<b>Demand draft No</b> _____

	at Kamptee" Details.	<b>Issuing Bank</b> _____  <b>Date</b> _____
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*(Candidate is requested to attach **self attested photo copy** of above document along with application form before submission at office.)*

## 07. DECLARATION

- a. I \_\_\_\_\_  
 Hereby declare that I have read the advertisement/ notification for the post(s) and read the information about the post(s) carefully. I accept it. I have assured for myself that I fulfill all the terms and conditions mentioned in the advertisement/ notification. All the information, provided in this application is true and correct to the best of my knowledge. I am aware that I will be liable for appropriate action (including loss of the job) if the information provided is found to be incorrect.
- b. I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect, or ineligibility being detected before or after the examination, action can be taken against me by the Cantonment Board Kamptee as per the provision given in the notification.
- c. I have read the provisions in the notification by the Cantonment Board Kamptee carefully and hereby undertake to abide by them. I further declare that I fulfil all the conditions of eligibility regarding age limits, educational qualifications etc. prescribed for admission to the examination.
- d. I have informed my Head of Office/Department in writing that I am applying for this examination.  
*(Applicable for those who are already in government service/similar organizations or government owned industrial undertakings whether in permanent or temporary capacity or as work charged employees other than casual or daily rated employees or those serving under public enterprises.)*
- e. I have attached self attested copy of following document along with the main application form. Please Tick (✓) the certificate attached. **(strike off whichever is not applicable).**

1. Certificate of date of birth.
2. Caste certificate
3. Certificate regarding Ex – Serviceman or PwBD.
4. SSC
5. HSC
6. Certificates of GNM/B. Sc. Nursing.
7. Registration certificate of state nursing council.
8. Two self Addressed Envelope.
9. Two latest coloured passport size Photographs.
10. Identity card.

(Passport /Aadhaar card/ Driving License/ Election Commission ID card/  
CGHS/ECHS Card/Income Tax PAN Card/ any other Govt. ID card).

11. Demand Draft.

PLACE:\_\_\_\_\_ DATE\_\_\_\_\_ SIGNATURE\_\_\_\_\_

PLACE:\_\_\_\_\_ DATE\_\_\_\_\_ SIGNATURE\_\_\_\_\_