

|   |   |                               |                    |
|---|---|-------------------------------|--------------------|
| 3. Date of Renewal  | X-I   | PY                            | I. C. I. R.        |
| 1. Regn. No.  | 5. Date/year of birth   | 7. (a) Recommended Occupation | 8. N. C. O. No.    |
| 2. Date of Regn./ Re-regn.                                | 6. M. W. S.   | 7. (b) Alternative Occupation |                    |
| 4. (a) Name in full (Block letters)                       | 13. General and Technical Educational Qualification/details of apprenticeship served. |                               |                    |
| 4. (b) Father's name/ Husband's name                      | Exmn. (s) passed  | Subjects/ trade taken         | Class/ Dvn./ Grade |
| 9. Religion   | Institute   | Date                          | Remarks            |
| 10. Whether S. C. or S. T. ....<br>If so, sub-caste. .... |   |                               |                    |
| 11. (a) Full Postal Address                               |   |                               |                    |
| 11. (b) Permanent Home Address                            | 16. Record of employees including self-employment                                     |                               |                    |
| 12. Minimum salary local<br>Outside                       | 14. Whether willing to work anywhere. If so, state limitation                         | Name of employment            | Nature of work     |
| 15. Special Qualification                                 |   | From                          | To                 |
|   |   | Pay on leaving                | Remarks            |

|   |             |                |           |   |  |  |        |
|---|-------------|----------------|-----------|---|--|--|--------|
| 17. Languages   | R           | S              | W         | 18. Physical fitness—<br>Eye sight .....<br>Height .....<br>Weight.....<br>Chest.....<br>Disability, if any ..... | 19. Whether willing to join Armed Forces<br><br>Yes - No | 20. (For ex-Serviceman only) .....<br>Name of force .....<br>Rank.....<br>Regimental/Service Number.....<br>.....<br>Date of enrolment.....<br>Date of discharge.....<br>Character.....<br>Reasons for discharge.....<br>..... |        |
| 21. The information recorded has been read over to/by me and I certify it to be true. |             |                |           |   |  |  |        |
| (Signature or thumb impression)   |             |                |           |   |  |  |        |
| 23. Record of Submissions   |             |                |           |   |  |  |        |
| Date of call letter   | Date called | Date submitted | O. C. No. | N.C.O.  | Employees/ Vacancy Exchange                              | Result and Remark  |        |
|   |             |                |           |   |  |  |        |
| 22. For Official use  |             |                |           |   |  | 25. Transferred to Dead Register   |        |
| 24. Regn./Re-Regn. checked  |             |                |           |   |  | Date   | Reason |
|   |             |                |           |   |  |  |        |