APPLICATION FORM

for engagement of 400 Special Police Officers (SPOs) in the Telecommunication Wing of Haryana Police
from ex-servicemen of the Armed Forces/Central Armed Police Forces (CAPFs)
and ex-Constables of the disbanded Haryana State Industrial Security Force (HSISF)/ Haryana Armed Police (HAP) Battalions.

	(To be filled by candidate only in CAPITAL LETTERS)		**Photo**
1	Name		
2	Father's Name		
3	Mother's Name		
4	Date of Birth		
5	a) Date of Enlistment/Enrollment		
	b) Date of Discharge		
	c) Medical Category at the time of Discharge from Service		
	d) Character Certificate (Exemplary/Outstanding)		
6	Phone Number		
7	Aadhaar No. (attach photocopy)		
8	PAN No. (attach photocopy)		
9	Bank Passbook (attach Photocopy)		
10	Blood Group		
11	Religion		
12	Category (GEN/BC-A/BC-B/SC)		
13	Education (Matric/10+2/Graduate/Post Graduate/ Other)		
14	Identification Mark		
15	Permanent Address (with Pin Code)		
16	Correspondence Address (with Pin Code)		

I, the undersigned, hereby declare that the information furnished above is true and correct to the best of my knowledge and belief, and that nothing has been concealed therein. I further undertake to abide by all the terms and conditions laid down in the advertisement/annexure regarding the engagement of 400 Special Police Officers (SPOs) in the Telecommunication Wing of Haryana Police.

Date (Signature of Candidate)

List of documents attached:

1. .....
2. .....
3. .....
4. .....

AFFIDAVIT

I _____ son of _____

resident of _____

_____

I, the above named deponent, do hereby solemnly affirm and declare as under:-

1. That the deponent is the permanent resident of the above address.
2. That the deponent is Ex-Servicemen / disbanded from HSISF/HAP.
3. That no criminal case is pending against the deponent in any Court.
4. That the deponent was not earlier appointed to the post of SPO in any other district of Haryana
5. That the deponent is willing to serve in the Telecommunication Wing of Haryana Police as Special Police Officer (SPO).
6. That the deponent shall follow all the rules and instructions issued by the head of the office/ department
7. That if above information found incorrect then service of deponent should be terminated with immediate effect and deponent will have no objection in this regard.

Place Deponent

Date

Verification:-

Verified on _____ that the contents of Para No. 1 to 6 are true and correct to the best of my knowledge and nothing has been concealed therein.

Place Deponent

Date