

## ADVERTISEMENT

Tele : 0172-2701947 Email : [zswochd@gmail.com](mailto:zswochd@gmail.com)

Applications are invited from ex-servicemen of the rank of NCO/JCOs Clerk only, for one post of Clerk on contract basis for one year or till regular post not filled up in consolidated pay ` 11,300/- per month in Zila Sainik Welfare Office, UT Chandigarh. The candidate should have passed the Matric in minimum 2<sup>nd</sup> division or +2 examination. Knowledge of Computer and Accounts is essential. The age should be between 18 to 25 ( relaxable for exservicemen of upper age limit by the length of military service plus three years). The application form can be obtained from Zila Sainik Welfare Office, UT Chandigarh or may be downloaded from Chandigarh Administration website [www.chandigarh.nic.in](http://www.chandigarh.nic.in) .

2. The application form duly filled must reach in Zila Sainik Welfare Office, UT Chandigarh by 25 Jan 2012.
3. Short listed candidates will be called for interview. No TA/DA is admissible for attending the said examination/interview.

Zila Sainik Welfare Officer  
Union Territory, Chandigarh

No. 43/ZSB/UT/CHD/2012/  
Zila Sainik Welfare Office,  
Union Territory, Chandigarh  
Jan 2012

**APPLICATION FOR THE POST OF CLERK (ON CONTRACT BASIS)**

1. Name of the candidate : \_\_\_\_\_
2. No and Rank : \_\_\_\_\_
3. Trade in the defence force : \_\_\_\_\_
4. Date of birth : \_\_\_\_\_
5. Age as on 01.01. 2012 : \_\_\_\_ Years, \_\_\_\_ Month & \_\_\_\_ days  
(Total age minus Total service rendered in defence = Present age)
6. Father' s Name : \_\_\_\_\_
7. Regt/Corps : \_\_\_\_\_
8. Date of enrolment : \_\_\_\_\_
9. Date of discharge : \_\_\_\_\_
10. Total length of service : \_\_\_\_ Years, \_\_\_\_ Month & \_\_\_\_ days
11. Character(as mentioned in discharge book) : \_\_\_\_\_
12. Med Category : \_\_\_\_\_
13. Disability percentage(attach certificate) : \_\_\_\_\_
14. Kind of disability : \_\_\_\_\_
15. Details of Pension + Disabled Pension : \_\_\_\_\_
16. Caste : \_\_\_\_\_
17. Academic qualification :-

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Ser No	Name of examination	Passing year	Board / University	Total Marks	Marks obtained	Pass %	Division

18. Computer Knowledge (att cert) : \_\_\_\_\_
19. Knowledge of Accounts : \_\_\_\_\_
20. Correspondence address : \_\_\_\_\_
21. Telephone No/Contact No. : \_\_\_\_\_

**Undertaking** – I do hereby declare that the above facts and evidence given by me are true, complete and correct to the best of my knowledge and belief. In the event of any wrong statement/discrepancy in the particulars being detected at later stage, my candidature/service will be liable for cancellation/termination without any notice.

Date :

Signature of applicant