

OFFICE OF THE PRINCIPAL CHIEF PERSONNEL OFFICER, SOUTH WESTERN RAILWAY, HUBBALLI

APPLICATION FORM FOR RECRUITMENT OF CANDIDATES AGAINST SCOUTS & GUIDES QUOTA FOR THE YEAR 2022-23 IN LEVEL-2 & LEVEL-1 ON S.W.RAILWAY & RWF/YELHANKA

En	nploy	men	t No	tice	e N	o. S\	NR/	P-ŀ	IQ/	Sc	out	ts &	. 0	Guide	s/	202	2-2	3, (dat	ed 1	9.	11.	.20	22			Ρ			paste recent sport size
To,														ou start																h (not to be
											Please tick ($$) the appropriate box) parate application for each level of post)								pinned) without cap & without coloured glasses											
Floor, Old GM Office Building, Club Road,							ľ	Level-2 in VII CPC Pay Matrix													n two months)									
Keshwapur, HUBBALLI - 580 023.								Level-1 in VII CPC Pay Matrix													d by self or a									
1.Name of the candidate (Write in CAPITAL letters, as																	Gazetted officer by signing partially on application and partially on the photo													
per matriculation certificate)																						partia	iny O	i the photo						
2. Father's/Husband's Name																														
3.Date of Birth: Date Month Year										4. Na	atior	nality	/ :							5.	Reli	gion:								
6.Address for Correspondence (write in CAPITAL letters)																														
																				7.Co	omi	mun	ity						8.	Gender
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10.Mo	bile Num	iber										11	.E	mail:																
12.Det	ails of	Educa	tiona	l Qua	alific	ation																								
	minatio 'assed	n	ę	Scho	ool/Institution / Board/Univers						ersit	ity Year of passing				Marks obtained %age of marks Ce					ertif	ertificate No. Class/ Divisio			lass/ Division					
12A. S	couts a	nd Gu	ides (Quali	ifica	tion: A	s per	Page	e 2 of	f app	licati	on at (Col	umn 18,′	19	& 20														
13.Personal marks of Identification(Scars, moles, or any other 1.																														
	perma						, II	0100	,01 (uny	ound	- H	2.																	
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17.Savings Bank account details of candidates Name of the Bank & Branch address:						S.B.Account No.								IFSC Code																
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Date:

(Do not sign in the capital letters)

Signature of the Candidate

ANNEXURE - I

For Office Use

(continued... 2)

18. Scouts & Guides qualification (Write President's Scout/Guides.Ranger/Rover (or) Himalayan Woodbadge holder in the table below)

Name of the Award	Unit & State to which attached at the time of qualifying for Award	Year	Certificate No. & Date

19. Scouts & Guides Activities								
Year (April- March)	Name of the event Indicate the level, Viz. National/State/District/Unit/Group	From	То	Certificate No. & Date				
2017-18								
2018-19								
2019-20								
2020-21								
2021-22								
2022-23 (Till								
date)								

20. Scouts & Guides Qualifications (Self attested/Attested photocopies of certificates to be enclosed)

SI. No.		Place	From	То	Certificate No. & Date				
A. Pa	articipation/Service rendered in National E	vents/National	Jamboree (ncluding All	India Railway Events)				
B. Participation/Service rendered in State Events/Rallies									
C. Sp	becialised Scout/Guide course organised	at National/Stat	e/All Indian	Railways lev	vel				
D. Pa	articipation in District Rallies		1	I	T				
	DECLARATION BY THE CANDIDATE								
	by declare that all the particulars given in this app								

information being found false, my candidature/appointment is liable to be cancelled/terminated at any stage, without any notice. I herey declare that in the event of my selection, I will participate regularly in the Scouts & Guides activities at all levels. Further, I will serve the Scouts & Guides movement for atleast 10 years from the date of my appointment.

Place:

Signature of the candidate:

Name of the candidate:

Date:

(Continued....3)

	-3-	
	DECLARATION BY THE GROUP LEADER	
	is/her application is hereby forwarded for conside 2-23 on South Western Railway and Rail Wheel F	
Place:	Signature:	
Date:	Name:	
	Group Name : Official Address:	
Countersigned by State	/District Commissioner or State/District Secre	etary (Scouts & Guides)
	a <i>i</i>	
Place:	News	
Official Seal:	Designation Official Address:	
	CERTIFICATE OF ACTIVENESS	
	Certifica	ate No
This is to certify that	(Name)	of
State/ Dist	trict/Division is an active member of	
Group since years duly re	egistered with the State/District Association.	
Place:		
Date:		
(Name & Sign.) Group Leader (S/G) (With Seal)	(Name & Sign.) DOC (S/G) (With Seal)	(Name & Sign.) DC (S/G) (With Seal)