

APPLICATION FORM FOR THE POST OF DRIVER ON ADHOC BASIS IN SESSIONS DIVISION  
ROHTAK.

To  
The District & Sessions Judge  
Rohtak

Affix Latest passport  
size colored  
Photograph

Subject:- Application for the post of Driver on Adhoc basis.

|                                                                                  |                      |                    |            |                  |                |
|----------------------------------------------------------------------------------|----------------------|--------------------|------------|------------------|----------------|
| Name of Candidate                                                                | :                    |                    |            |                  |                |
| Father's / Husband's Name                                                        | :                    |                    |            |                  |                |
| Date of Birth                                                                    | :                    |                    |            |                  |                |
| Age as on 01.01.2024                                                             | :                    |                    |            |                  |                |
| Sex(Male/Female)                                                                 | :                    |                    |            |                  |                |
| Nationality                                                                      | :                    |                    |            |                  |                |
| Permanent Address                                                                | :                    |                    |            |                  |                |
| Correspondence Address                                                           | :                    |                    |            |                  |                |
| Category (caste)                                                                 | :                    |                    |            |                  |                |
| Academic Qualification                                                           | :                    |                    |            |                  |                |
| Examination /Degree                                                              | Board/<br>University | Year of<br>passing | Divn/Class | %age of<br>Marks | Grade<br>Point |
| 8th/Middle                                                                       |                      |                    |            |                  |                |
| 10th/Matric                                                                      |                      |                    |            |                  |                |
| Graduation                                                                       |                      |                    |            |                  |                |
| Other qualifications, if<br>any (candidate may<br>increase rows, if<br>required) |                      |                    |            |                  |                |
| Experience                                                                       | :                    |                    |            |                  |                |
| Contact/Mobile Number                                                            | :                    |                    |            |                  |                |
| E-mail I.D. (if any)                                                             | :                    |                    |            |                  |                |

Note:-Attach self-attested photocopy of all relevant documents.

I,\_\_\_\_\_son/daughter/wife of Shri.\_\_\_\_\_, hereby declare that the information given above and in the attached documents are true and correct to the best of my knowledge and belief and nothing has been concealed therein. I understand that if the information given by me is found false/not true, I may be prosecuted under the relevant provisions of law.

Date:.....  
Place:.....

(Signature of Candidate)