

## **ANNEXURE-I**

**(Registered/Speed Post only)**

**Application form for  
Recruitment of Staff Car Driver  
(Ordinary Grad) in  
Gujarat Circle  
Ahmedabad-380001**

Affix self attested  
recent passport  
size photograph

Also pin one spare photograph

Sl.No	Detail / Description																
1.	Full Name (In BLOCK LETTERS)																
2.	Father's / Spouse Full Name																
3.	Gender (Male/Female)																
4.	Category (UR/OBC/SC/ST/EWS)																
5.	Whether Caste Certificate attached to avail Reservation (Yes/No)																
6.	Aadhar Card Number																
7.	Contact No./Mobile No. & Email ID	Mobile Number Email ID :															
8.	Present Postal Address with Pin Code																
9.	Permanent Postal Address with Pin Code																
10.	Citizenship / Nationality																
11.	Date of Birth (In Figures & words) (As per Matriculation Certificate) (Proof to be enclosed)	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>Date</td> <td>Month</td> <td>Year</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <p style="display: inline-block; vertical-align: middle;">In Words :-</p>	Date	Month	Year												
Date	Month	Year															
12.	Age as on closing date of receipt of application	Years _____ Months _____ Days _____															
13.	Details of Educational Qualification (Details of 10th Standard Only)	Name of Board / Institute _____  Year of Passing _____															
14.	If Ex-Servicemen. Details of Length of Service	Length of Service  Years _____ Months _____ Days _____															
15.	Issue Of Driving License Details with validity (HMV & LMV separately)  <b>NOTE : License copy enclosed should match the details are not available on license, then enclose Self-attested copy of Driving license extract showing all details of Incense endorsement.</b>	<p><b>HMV</b></p> <p>Driving License Number _____</p> <p>Issuing Authority _____</p> <p>Issued On _____ Valid Upto _____</p> <p><b>LMV</b></p> <p>Driving License Number _____</p> <p>Issuing Authority _____</p> <p>Issued On _____ Valid Upto _____</p>															

16.	Driving Experience Period (HMV / LMV separately)	<b>HMV</b> From _____ To _____ Name of Institution / Firms etc. _____ <b>LMV</b> From _____ To _____ Name of Institution / Firms etc. _____
17.	Home Guard Service, if any	From _____ To _____
18.	Particulars of Fee Paid 1. Fee Paid : _____ 2. Name of the Post Office : _____ 3. Receipt No : _____ 4. Date of Payment : _____	Paste Original Receipt Here
19.	Any other relevant information	

20. List of documents attached (Self-attested/attested by the Government Officer):

- i. \_\_\_\_\_
- ii. \_\_\_\_\_
- iii. \_\_\_\_\_
- iv. \_\_\_\_\_
- v. \_\_\_\_\_
- vi. \_\_\_\_\_
- vii. \_\_\_\_\_
- viii. \_\_\_\_\_

**Declaration :**

I, \_\_\_\_\_ here by declare that all the information/statements made in this application are true and correct to the best of my knowledge and belief. Nothing has been concealed there from. I understand that in the event of suppression of material facts, misinformation, concealment of any information or found false or incorrect or ineligible at a later stage, I am liable to be punished, my appointment will be terminated and my claim for recruitment will stand for forfeiture. I also understand that in the event of any failure to complete pre-appointment formalities/training for whatsoever reasons, my selection is liable to be cancelled. I also understand that in the event of contravention of extant Rules, my application will be rejected summarily by the Department. I undertake that I have not submitted any other application for this POST.

Place : \_\_\_\_\_

Date : \_\_\_\_\_

(Signature of candidate)

**(Mandatory for candidate claiming benefits under EWS/SC/ST/OBC Category)**

**Declaration**

I \_\_\_\_\_ understand that my selection is liable to be cancelled, if it is found later on that I have availed benefits relating to EWS/SC/ST/OBC community for which I am not entitled.

Place \_\_\_\_\_

Date \_\_\_\_\_

(Signature of candidate)

Copy to be retained by **the concerned Post office**

Copy to be submitted to CPMG, Gujarat Circle, Khanpur,  
Ahmedabad along with application.



**E-Payment**

Challan for application fee for recruitment to the post of staff car driver (ordinary grade) in Gujarat Circle

**Not to be deposited after 19.01.2026**

National e-biller id: **1000099011**  
e-biller name: Senior Manager, MMS, Ahmedabad

Details of the Candidate (to be filled by the candidate)

Registration no : **1000099011**

Name of the candidate:.....

Address:.....

Description:.....

Name of Payment Office:.....

Fee Paid: Rs 100/-/Rs. One hundred only

Date of Deposit:.....

Signature of candidate  
signature of PA with  
stamp of Post Office

Signature of PA with  
stamp of Post Office

\*Fee receiving branch should handover both the CPMG GUJARAT CIRCLE,KHANPUR, AHMEDABAD copy and the candidate's copy to the remitter duly signed

Copy to be submitted to CPMG, Gujarat Circle, Khanpur,  
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