

**APPLICATION PROFORMA FOR THE ENROLMENT OF HOME GUARD VOLUNTEERS IN  
CHANDIGARH ADMINISTRATION**

1. Name of the Applicant: \_\_\_\_\_  
(in block letters)
2. Father's Name: \_\_\_\_\_
3. Date of Birth \_\_\_\_\_
4. Address for Correspondence:  
House No. \_\_\_\_\_  
Village/Sector \_\_\_\_\_  
Police Station \_\_\_\_\_ District: \_\_\_\_\_  
State \_\_\_\_\_ Pin Code \_\_\_\_\_



5. Permanent Address:  
House No. \_\_\_\_\_  
Village/Sector \_\_\_\_\_  
Police Station \_\_\_\_\_ District: \_\_\_\_\_  
State \_\_\_\_\_ Pin Code \_\_\_\_\_

6. Whether NCC Certificate 'Class-C'  
(Attach self-attested photo copy of relevant document) Yes/No

7. Whether Experience for having certificate of  
Part Time Instructor Course for minimum two  
Civil Defence Advance Courses from CTI or any  
Course from NCDC-Nagpur: Yes/No  
(Attach self-attested photo copy of relevant document)  
*(Please Tick (v) as applicable)*

8. Education Qualification: (Attach Education Certificate self-attested, starting from Matriculation and above.)

Sr. No.	Exam Passed	Board/University	Passing Year	Marks/%age

*(Attach self/attested photo copy of education certificate)*

9. Any other qualification/Achievement/ Experience: \_\_\_\_\_  
(Attach photo copy of certificate self-attested)

10. Experience/Expertise: \_\_\_\_\_  
(Attach self-attested photo copy of certificate, if any)  
(Please Tick (✓) as applicable)

- |                                |   |                          |
|--------------------------------|---|--------------------------|
| A. Computer Typing & Operating | - | <input type="checkbox"/> |
| B. Driver Commercial (HMV/LMV) | - | <input type="checkbox"/> |
| C. Bandsman                    | - | <input type="checkbox"/> |
| D. Carpenter                   | - | <input type="checkbox"/> |
| E. Gardener                    | - | <input type="checkbox"/> |
| F. Electrician                 | - | <input type="checkbox"/> |
| G. Auto Mechanic               | - | <input type="checkbox"/> |
| H. Barber                      | - | <input type="checkbox"/> |
| I. Washerman                   | - | <input type="checkbox"/> |
| J. Cook                        | - | <input type="checkbox"/> |
| K. Tailor                      | - | <input type="checkbox"/> |

11. Identification Mark: \_\_\_\_\_

12. Declaration:

I hereby certify that above particulars mentioned in the application are correct and true to the best of my knowledge and believe, if particulars mentioned by me are found false at any stage then I shall be liable to be terminated without any notice and I have never been convicted by criminal court.

(Signature of Applicant)

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

Contact Number: \_\_\_\_\_

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