**Sálim Ali Centre for Ornithology and Natural History (SACON)**

Coimbatore – 641 108

**APPLICATION FOR THE POST OF DRIVER**

1. Name of the Applicant : …………………………………………………………………

2. Name of Father/Husband : …………………………………………………………………

Affix your recent passport size colour photograph

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| Date | | Month | | Year | | | |

3. Date of Birth :

4. Age as on 01.01.2020 : ……… Years ……… Months ………. Days

5. Sex : MALE / FEMALE

6. Marital Status : MARRIED / UNMARRIED

7. Nationality : ………………………….

8. Community : SC / ST / OBC / UR

(Enclose proof in case of SC / ST / OBC)

9. Languages Known : (i) TO READ : …………………………………………………………...

(ii)TO WRITE: ………………………………………………………….

(III)TO SPEAK : ………………………………………………………..

10. Address for communication with Pincode :

|  |  |
| --- | --- |
| Present Address | Permanent Address |
|  |  |

11. Mobile No. :

E-mail ID :

Aadhaar No. :

(Enclose copy of Aadhaar card)

12. Educational qualifications (Enclose copies of mark sheet / certificates):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Qualification | Name of Institution | University/ Board | Year of Passing | Subjects | % of marks |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

13. Experience in driving (Enclose copies of documents):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of vehicle | Period | | Name of Organisation | Total years of experience |
| From | To |  |  |
| LMV |  |  |  |  |
| HMV (Passenger) |  |  |  |  |

14. Details of driving licence (Enclose copy of driving licence):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Driving Licence No. | Issued by | Date of Issue | Validity | | |
| LMV | HMV (Passenger) | Motorcycle with/without gear |
|  |  |  |  |  |  |

15. Have you ever met with road accident while driving LMV/HMV vehicles? : YES / NO

16. Have you ever been disqualified for obtaining a licence to drive? : YES / NO

17. Are you suffering from any defect or muscular power in arm or leg? : YES / NO

18. Can you readily distinguish the pigmentary colours, red / green? : YES / NO

19. Do you suffer from night blindness? : YES / NO

20. Are you so deaf as to unable to hear the ordinary sound signal? : YES / NO

21. Do you suffer from any other disease like fits or disability likely to affect the

driving of a motor vehicle? : YES / NO

22. Can you able to distinguish the number plate of other vehicles with

your eye sight at a distance of 25 meters in a good day light? : YES / NO

23. Are you under any contractual obligations to serve Central / State

Govt./Any other Public Sector Undertaking or Autonomous body? : YES / NO

(If Yes, please attach NOC and forward the application through proper channel)

24. Whether you have been convicted in or facing trial in any criminal case? : YES / NO

25. Name, Address, e-mail ID and contact phone numbers of three referees :

(Referees should not be a relative to candidate)

**Declaration**

I hereby declare that the information given above are true to the best of my knowledge and belief. If at any time, I am found to have concealed/distorted any material information, my candidature shall be cancelled and appointment if made, shall be terminated without any notice and compensation in addition to disciplinary action against me.

Place :

Date : Signature of the candidate

List of Enclosures :-