

Application / Renewal of Employment Exchange Card

| 3. Date of Renewal | X-I (R) | | | | PY. I.IC | | | | | |
|-----------------------------------------|------------------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| | 1.Regn.No | | 5. Date / Year of Birth | | 7.(a) Recommended Occupation | | N.C.O.No. | | | |
| | 2. Date of Regn./ Re-Regn | | | | | | | | | |
| | 4 (a) Name in full (Block –letters) | | | | | | | | | |
| | | | 6. M | W | S | 7.(b) Alternative Occupation | | | | |
| | 4 (b) Father's /Husband's Name | | 13 . General & Technical Educational Qualification details of Apprenticeship served | | | | | | | |
| | Religion / Caste / Tribe 9. (a) Whether S/C or S/T /Gen/Ex.ser./OBC | | Name of Exam. | Subjects Trade Taken | Class/ Grade | Institute (s) | Year of Passing | Remarks | | |
| | 11.Full Address | | | | | | | | | |
| 6.Record of Employment /Self Employment | | | | | | | | | | |
| 12 Maximum Salary | | 10. Whether willing to works anywhere | | Name of Employer | Nature of Work | From | To | Pay on Leaving | Remarks | |
| Outside | | | | | | | | | | |
| | | | | | | | | | | |
| 15. Special Qualification | | | | | | | | | | |
| 17. Languages | | Rd. | Sp. | Write | 18. Physical fitness Eye Sight Height Weight Chest Disability if any | | 19.Whether willing to joining Armed Forces Yes No | | 20.(For Ex-Servicemen only) Name of Force Rank ----- -- Regimental /Service Number Date of Enrolment Date of Discharge Character Reason for discharge | |
| | | | | | | | | | | |

| 21.The information recorded has been read over to /by me and I certify it be true <div style="text-align: center;">(Signature or Thumb Impression)</div> | | | | | | | 22.For Official use |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|---------|---------------------------------|----------------------------|------------------|---------------------|
| 23 . Record of Submissions | | | | | | | |
| Date Cell Letter | Date Called | Date Submitted | O.C.No. | N.C.O | Employer/ Vacancy Exchange | Result & Remarks | |
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| 24. Regn./ Re-Regn. Checked | | | | 25. Transferred Dead Registered | | | |
| | | | | Date | | Reason | |