

**ANNEXURE - I**  
**ANDHRA PRADESH PUBLIC SERVICE COMMISSION :: HYDERABAD**  
**APPLICATION FORM FOR ADMISSION TO THE DEPARTMENTAL TESTS NOV., 2001**

IMPORTANT: Separate application form should be submitted for each test. If the test applied for consists of more than one paper, one application will do for all the papers of that particular test. If the candidate applies more than one test in a single application form, the application will summarily be rejected.

Name of District Head Quarters  
where candidate is working

(to be filled in by candidate)  
(See para 8(ii) of the Notification)

Application Number

(to be assigned by Office)

1. Name of the Paper (Test) with Code Number.

SI.No.	Name of the Paper (Test)	Paper Code

IMPORTANT: If name of the Paper(Test) is not tallied with Code Number given in the Notification, the application will be rejected.

2.i) Language chosen (for those appearing Translation Test and Language Test Only)  
(Indicate the language number in the box)  
1. Telugu 2. Hindi 3. Urdu 4. Oriya  
5. Kannada 6. Marathi 7. Tamil

ii) For those appearing Survey Dept. Test only  
1. Telugu 2. English 3. Urdu

Affix here your recent  
passport size photo  
duly attested by your  
Controlling Officer

3. Particulars of Fee Paid :

SI. No	I.P.O/Bank Draft drawn in favour of	Value of IPO/Bank Draft	No.& Date of IPO/Bank Draft	Name of the Post Office/Bank
1.	Additional Secretary, A.P.P.S.C., Hyderabad.	Rs.		
2.	Printer & Publisher, A.P.P.S.C. Udyoga Samacharam, Hyderabad. Rs.20/- (Compulsory for all candidates)			

4. Name of the candidate in Full (in English Block Letters)

NAME

SURNAME

5. Post held (Present Designation):

6.a) Whether Probationer/Approved Probationer/Permanent:   
 (Write only the applicable portion)

b) Period of Service Completed:

7. Address of the Office where the candidate is presently working.

Pin Code

8. Father/Husband Name (in English Block Letters)

NAME  SURNAME

9. Date of Birth 

DATE	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

10. Whether the candidate appeared previously for this or any other test. If so, give particulars of all the previous examinations:

- i) Compulsory for Deputy Inspectors Test, Sericulture Department Test Part-III (Practical Test) and Second Class/Third Class Language Test.
- ii) Candidates applying for parts B,C & D (viva-voce) of Second Class Language Test (Paper Code No.5), SHOULD PRODUCE THE EVIDENCE TO THE EFFECT, THAT THEY HAVE PASSED PART-A WRITTEN EXAMINATION EARLIER. Other-wise, the application will summarily be rejected. Candidates applying for parts A, B & C of Third Class Language Test should produce the evidence for the Parts passed earlier.

Paper Code	Name of the Paper	Reg. No.	<u>YEAR</u> <u>May/Nov</u>	<u>Passed or</u> <u>failed</u>

## DECLARATION

I abide by the Rules concerning the tests and applied for the Test as stated in the relevant G.Os.

I also declare that I have not been debarred from appearing for any examination. In the event of any information being found false or incorrect, or ineligibility being detected at any time before or after the examination/Viva-Voce, action can be taken against me and I shall be bound by the decision of the Commission and/or Employer.

I also declare that I am appearing the examination at the Dist. Head Quarters where I am working.

Station: \_\_\_\_\_ FULL SIGNATURE OF THE CANDIDATE  
Date : \_\_\_\_\_ (If not signed by the candidate the application will be rejected)

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## CERTIFICATE

Certified that the Photograph affixed on the application form belongs to Sri/Smt/Kum \_\_\_\_\_ who is working as \_\_\_\_\_ in this Department. The Centre \_\_\_\_\_ chosen by the candidate is the District headquarters which is the place of his/her work. I am aware that if this certificate is found incorrect, the matter shall be reported to the Dept./Govt. for initiating disciplinary action, against me and his/her candidature will be cancelled.

Station: \_\_\_\_\_ Signature of the Controlling Officer (Gazetted) with Office Seal  
(If not signed by the Controlling Officer, the application will be rejected)

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For Office Use Only

ADMIT                      JR./SR.ASST                      SUPERINTENDENT

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REJECTED FOR THE FOLLOWING REASONS :

JR./SR.ASST.                      SUPDT.                      ASST.SECY.

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