## HIMACHAL PRADESH PUBLIC SERVICE COMMISSION HIMACHAL PRADESH ADMINISTRATIVE SERVICES

## COMBINED COMPETITIVE (MAIN) WRITTEN EXAMINATION-2017

(Only for those who have qualified HPAS (Prel.) Examination-2017)

Roll No.\_\_\_\_\_

			(Roll No. of HPAS Prelimin	ary Examination-2017).
1.	Applicant's Name in full:			Paste your latest
2.	Father's Name in full:			passport size
3.	Mother's Name in full:			photograph
4.				
5.	Are you seeking relaxation of	upper age:		
6.			blic Sector Corporations/ Autonomou inate thereto)	
			and present post held with name of th	C
7.	i) Sex (Male/ Female)		ii) Category :	
8.	Phone No	Mob. No	E-mail:	
9.	Address for Correspondence:			
			Pincode:	
			I incode	
10.	Permanent Address:			
	(Place of residence, Post Office	ce/ Police station, D	istrict & State)	
			Pincode:	

11. Give particulars of all Examinations passed (Attach proof):

Sr.No	Examination or degree	Class or division	Percentage of	Year	Subjects taken	Name of
		obtained	marks obtained			University/ Board

12. Mention below the **one optional subject** you wish to choose for the HPAS Combined Competitive (Main) Written / Narrative Examination-2017. (i)

13. Have you ever been dismissed, removed or compulsorily retired from service (if so give detail).

- Have you ever been debarred or disqualified by any Public Service Commission from appearing at its
  Examination/ selection (if yes, give details)
- 15. Have you ever been arrested/ prosecuted or convicted by a court of law (if so, give details).

16. Mention below the particulars of the places where you have resided for more than a year during the preceding five years.

Sr. No.	Place of Residence with Complete Address	Police Station/ Distt. & State	Period of Stay From To

1	
2.	
Particulars of Examination fees: i)	
Bank Draft No.:	ii) Date:
iii) Amount:	iv) Name of Bank:
Details of Document Attached:	
1	2
3	
5	

## **DECLARATION:**

I hereby declare that the statements made in this application are true, complete and correct to the best of my knowledge and belief. I undertake that in the event of any information being found false and incorrect at any stage, my candidature is liable to be cancelled. I also solemnly declare that I do not suffer from any of the disqualification shown in advertisement.

Place:-

Date: -

Signature of the Application

## 17. Name and Complete Address (For Correspondence purpose) and Telephone Numbers of two respectable persons unconnected with the candidate.