

ARMY WELFARE PLACEMENT ORGANISATION

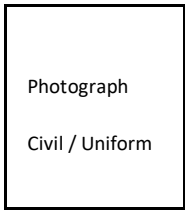
(AWPO)

REGISTRATION FORM

(To be generated by receiving office)

Temporary Registration Number & Date : _____

AWPO Registration Number & Date : _____



CATEGORY OF REGISTRANT

OFFICER JCO OR WIDOW DEPENDENT

SERVICE PARTICULARS OF SERVING / RETIRED / DECEASED ARMY PERSON (for widow & dependent if applicable)

Army Number _____ **Rank** _____ **Arm/Service** _____
(with prefix) (suffix alphabet) (Regt / Corps / Unit)

Name _____ **Decorations** _____
FIRST MIDDLE LAST DD / MM / YYYY DD / MM / YYYY

Date of Commission/Enrolment _____ **Date of Retirement / Demise** _____
(For Serving / Retired Persons Only)

Medical Category _____ **If LMC Enter details** _____

Trade (JCO/OR) _____ **Character (JCO/OR)** _____

WIDOWS & DEPENDENTS ONLY

Name of Widow / Dependent : _____

Dependents Father /Mothers AWPO Registration Number: _____

ESSENTIAL PARTICULARS OF ALL REGISTRANTS

Date of Birth _____ **Gender** Male Female **Marital Status** (Married / Unmarried/ Divorcee)

Computer Skills if any: _____

Arms License: Held / Not held **Type** _____

Driving License : Held /Not held **Type** _____

SC/ST/OBC/Gen **Height:** _____ **Passport: Yes / No**

ACADEMIC QUALIFICATIONS

Qualification **Stream** **Institute** **Year of Passing** **Grading/Percentage**

CIVIL WORK EXPERIENCE IF ANY

Name of Organisation **Designation** **Job Profile/ Duties Performed** **From - To**

ARMY COURSES

Course **Institute** **Year** **Grading**

Languages Known **Speak** **Read** **Write**

NSDC CERTIFICATION FOR JCO /OR ONLY

Skill Sector **Job Profile** **NSQF Level** **Competency**
(Assessor/ Trainer/ Certified)

Key Appointments / Work Experience held during Army Service:- (For serving /retired Army persons only)
Appointment/Designation Unit /Fmn From To Remarks 1.

2.

3.

Profile Summary (Max 200 words)

Career Objectives (Max 200 words)

JOB TYPE & LOCATION PREFERENCE

JOB PREFERENCE	PLACE PREFERENCE	EXPECTED SALARY
1.		
2.		
3.		

CONTACT DETAILS

House/ Vill / PO / Teh
Street /Circle /Mohalla
Sector /Block
City/Town/Vill
District
State
Pin Code

Telephone with STD Code / Mobile Number (including those of contact persons if any):-

Email ID:- _____

DOCUMENTS ENCLOSED FOR VERIFICATION:-

PPO RELEASE ORDER DISCHARGE ORDER DEPENDENT CARD OTHER

REGISTRATION FEE DETAILS

Mode of Payment:- Online / Draft / Cheque

Online Payment Order ID & Date _____ Transaction ID & Date _____

Bank Draft / Cheque Number & Date _____ Bank Name _____

Date of Payment _____ Amount Paid _____

Date:

(Signature of Applicant)

Note: Candidate must fill all details in the registration form and no column should be left blank, wherever not applicable write 'NA'.
