NSATI-WB

Type Test Application Form for LDC/LDA / Others

AADHAR NO

CANDIDATE NAME

FATHER'S NAME

DATE OF BIRTH (DD/MM/YYYY)

MOBILE PHONE

EMAIL ID

PERMANENT ADDRESS

TYPE TEST LANGUAGE

JOINING DATE

DEPARTMENT / DIRECTORATE / REGIONAL OFFICE

OFFICE ADDRESS

DESIGNATION

AFFIX A PHOTOGRAPH OF CANDIDATE

SIGNATURE OF THE CANDIDATE
(WITHIN THE BOX BY BLUE / BLACK INK)

NAME OF THE OFFICIAL WHO ATTESTED THE CANDIDATE

ATTESTED

DESIGNATION OF THE OFFICIAL

(SIGNATURE WITH DATE AND STAMP)

NOTIFICATION NUMBER

NOTIFICATION DATE

I DO HEREBY DECLARE THAT THE ABOVE INFORMATION FURNISHED BY ME IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF CANDIDATE

THIS IS CERTIFIED THAT THE ABOVE MENTIONED CANDIDATE IS ALLOWED TO APPEAR IN THE EXAMINATION OF COMPUTER OPERATION AND COMPUTER TYPING.

SIGNATURE WITH STAMP OF HEAD OF OFFICE/ DEPARTMENT /DIRECTORATE

CANDIDATE NAME

FATHER'S NAME

DATE OF BIRTH (DD/MM/YYYY)

MOBILE PHONE

EMAIL ID

AADHAR NO

DEPARTMENT / DIRECTORATE / REGIONAL OFFICE

NOTIFICATION NUMBER

NOTIFICATION DATE

DESIGNATION

CANDIDATE SIGNATURE

RECEIVED BY (NAME)

RECEIVED DATE

SIGNATURE WITH STAMP OF HEAD OF OFFICE/
DEPARTMENT /DIRECTORATE