



Haryana State Electronics Development Corporation Limited
(A State Government Undertaking)



हरियाणा राज्य इलैक्ट्रॉनिक्स विकास निगम लिमिटेड
(हरियाणा सरकार का उपक्रम)
SCO 111-113, Sector 17-B, Chandigarh

| APPLICATION FORM | | |
|---|---|---|
| STATE ELIGIBILITY TEST In Computer Appreciation & Applications (SETC) for Regular/ Contractual employee working in Government Departments/ Boards/ Corporations/ Agencies etc. | | |
| PERSONAL PARTICULARS | | |
| (Before filling the form, read the instructions carefully & from serial no. 1 to 16 to be filled by the candidate) | | |
| SERIAL NO. (FOR OFFICE USE ONLY) | | Please enclose additional recent passport size photograph alongwith the Application Form |
| PLACE OF TEST | PANCHKULA | |
| | | Paste Recent passport size photograph here |
| 1. | NAME OF APPLICANT (In Capital Letters) | |
| 2. | FATHER'S/HUSBAND'S NAME (In Capital Letters) | |
| 3. | COMPLETE PERMANENT ADDRESS (In Capital Letters) | _____ _____ _____ Phone : _____ Mobile: _____ E-Mail: _____ |
| 4. | COMPLETE CORRESPONDENCE ADDRESS (In Capital Letters) | _____ _____ _____ Phone : _____ Mobile: _____ E-Mail: _____ |
| 5. | DATE OF BIRTH (DD-MM-YYYY) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 6. | PLACE OF BIRTH | |
| 7. | NATIONALITY | |
| 8. | CATEGORY | GENERAL/ SC/ ST/ BC/ OBC and Others (Specifically mentioned) |
| 9. | SEX | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| 10. | MARITAL STATUS | Married <input type="checkbox"/> Un-Married <input type="checkbox"/> |
| 11. | Exempted from Basic Computer Knowledge test (part-I) (Proof of qualification/ certificate be attached) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 12. | OPTION(S) FOR PAPER-II (Typing Test on Computer) | English <input type="checkbox"/> Hindi <input type="checkbox"/> Both <input type="checkbox"/> (Tick any one) |



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| | |
|---|--|
| 13. DETAILS OF EMPLOYMENT | |
| a) Name of the Department/ Board/ Corporation | |
| b) Place of Posting | |
| c) Designation (Please attach the proof of employment) | |
| d) Date Of Joining (On present post) | Date: Regular:- (Joined on Promotion from Class-IV Post <input type="checkbox"/>) (Joined on Direct Recruit <input type="checkbox"/>) (Joined on Regularization of Service <input type="checkbox"/>) Contractual:- <input type="checkbox"/> |
| 14. DETAILS OF FEE PAID: | |
| Bank name _____ DD No. _____ Dated _____ fee Rs. _____ (exempted/ un-exempted category). | |
| 15. ENCLOSURES: Please tick as the case may be. | a.) Copy of Office ID. <input type="checkbox"/> b.) Copy of certificate for exemption <input type="checkbox"/> |
| The candidate should bring original valid office ID/ Certificate issued from the office in proof of employment otherwise candidate will not be allowed for SETC test. | |
| 16. Signature of Employee | |

DECLARATION

- I. I _____ hereby declare that all statements made in this application are true, complete and correct and in the event of any information being found false or incorrect or any ineligibility being detected before or after the test, my candidature is liable to be cancelled and legal action may be initiated against me..
- II. I am working on regular/ contractual basis in the Govt. Departments/ Boards/ Corporations/ Agencies etc. of State of Haryana mentioned above.
- III. I hereby declare that I have submitted only one application for appearing in SETC Test. In case more than one application is found, my candidature may be rejected straight-way.
- IV. I have gone through the terms & conditions mentioned in the prospectus & shall abide by the same.
- V. I have noted that if my application is found incomplete/defective, the same is liable to be rejected summarily and no correspondence will be entertained in this regard.

Dated:

Place:

| |
|--|
| |
|--|

Signature of Applicant

VERIFICATION BY THE OFFICE OF THE EMPLOYEE

Verified that Sh./Smt. _____ appointed/ recruited/ promoted as _____ since _____ in our office and he/ she posted at _____ and his/ her ID card number is _____. He/ She is exempted under Notification/Instruction dated 07.11.2013, 22.09.2017 & 17.11.2018 from the Part-I on-line test (YES NO). The Competent Authority may see/ read the instructions carefully before signature and if anyone found ineligible for exemption then the applicant as well as Competent Authority will be responsible.

**(Signature and Stamp
of the Competent Authority)**