



Government of Maharashtra
CIVIL DEFENCE STAFF COLLEGE,
 Cross Maidan, Dhobi Talao, Mumbai - 400020

FORM No.				
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POST GRADUATE CIVIL DEFENCE DISASTER MANAGEMENT ADMISSION FORM

INSTRUCTIONS

- Please read the instructions in the information brochure before filling up this form.
- Use **BLACK BALL POINT PEN** in boxes using English capital letters or English numerals.
- Do not make any stray marks on this sheet.
- Do not staple, pin, wrinkle scribble, tear or wet this sheet.
- Write in **CAPITAL LETTERS** only within the box without louching the lines as shown in the Sample below.

0	1	2	3	4	5	6	7	8	9	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
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Affix your latest
 passport size
 photograph
 4 cm X 5 cm
 (Attested by
 Gazetted Officer)

1 Regional Centre Code	<input type="text"/>	2 Exam/Study Centre Code	<input type="text"/>	3 State Code	<input type="text"/>	4 Category	A1 - Gen B2 - SC D4 - Creamy Layer D4B - Non Creamy Layer	C3 - ST D4 - OBC	<input type="text"/>
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5 Nationality (Write the releant code in the box)	<input type="text"/>	6 Sex (Write the relevant code in the box)	<input type="text"/>	7 Marital Status (Write the relevant code in the box)	<input type="text"/>	8 Whether Minority : (Write the relevant code in the box)	<input type="text"/>	9 Religion (Write the relevant code in the box)	<input type="text"/>
A1 - Indian B2 - Others		A1 - Male B2 - Female		A1 Married B2 Unmarried		A1 Yes B2 No		A1 Hindu B2 Muslim C3 Christian	D4 Sikh E5 Jain F6 Buddhist G7 Parsi H8 Jews I9 Others

10 Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	11 Social Status (Write the relevant code in the box)	<input type="text"/>	12 Whether Kashmiri Migrant (Write the relevant code in the box)	<input type="text"/>
Date	Month	Year		A1 Ex-sevice men B2 War widow C3 Not Applicable		A1 Yes B2 No	

13 Territory	<input type="text"/>	14 Employment Status	<input type="text"/>	15 :Whether Physically Handicapped :	<input type="text"/>	15 bIf physically handicapped (nature of disability)	<input type="text"/>
A1 - URBAN B2 - RURAL C3 - TRIBAL		A1 - Employed B2 - Unemployed C3 - CD / HG Regular Employee		A1 Yes B2 No		A1 Hearing impairment B2 Locomotor Impairment C3 Visual Impairment D4 Reading Disability E5 Any other, Please specify	

16 Name of the Candidate

<input type="text"/>

17 Name of Father / Mother / Husband (Strike out whichever not applicable)

<input type="text"/>

18 a. Educational Qualification

[Which makes you eligible for the programme]

01 - Graduate	<input type="text"/>	Year of Passing	<input type="text"/>	Percentage of marks	<input type="text"/>
02 - Post Graduate					
03 - Professional					

19 b. Stream

	Science	Arts	Commerce	Engineering	Others
Graduate	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post Graduate	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

