

**ARMY WELFARE PLACEMENT ORGANISATION**

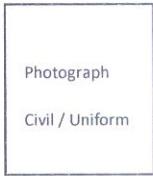
**(AWPO)**

**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 \_\_\_\_\_ DD / MM / YYYY 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 customer ID:**

**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)

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Career Objectives (Max 200 words)

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**JOB TYPE & LOCATION PREFERENCE**

**JOB PREFERENCE**

**PLACE PREFERENCE**

**EXPECTED SALARY**

- 1.
- 2.
- 3.

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**CONTACT DETAILS**

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

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

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Email ID:- \_\_\_\_\_

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**DOCUMENTS ENCLOSED FOR VERIFICATION:-**

PPO  RELEASE ORDER  DISCHARGE ORDER  DEPENDENT CARD  OTHER

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**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'.

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