

**INSTRUCTIONS**

1. Please read the instructions in the information brochure before filling up this form.
2. Use **BLACK BALL POINT PEN** in boxes using English capital letters or English numerals.
3. Do not make any stray marks on this sheet.
4. Do not staple, pin, wrinkle scribble, tear, wet or fold this sheet.
5. Write in CAPITAL LETTERS only within the box without touching 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
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Registration No.

(Office use only)

(Please fill in English capital letters in self handwriting only)

**1. Name of the Candidate (as per 10th class records)**


**2. Father's Name (as per 10th class records)**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**3. Date of Birth**

Date	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

**4. Gender**

Male - M

☐

Female - F

**5. Category (Write the relevant code in the box)**

Gen - 1

BC-I - 4

SC - 2

BC-II - 5

ST - 3

☐
**6. Handicapped**

Blindness - 1

Deafness - 2

P. H. - 3

None - 4

☐
**7. Mention Group Code applied for**

Intermediate- PCM Group - 1

Intermediate - PCB Group - 2

Matric - 3

☐
**8. Correspondence Address PIN & District Code**

(See back side for District Code i.e. Side-B)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	--	<input type="text"/>	<input type="text"/>
PIN Code							District Code	

**9. Mobile No.**

0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**10. Application Fee details :-****In case of Demand Draft,**

(Please ensure that Demand Draft in ORIGINAL is attached with Application Form)

1. Demand Draft No. : \_\_\_\_\_

2. Demand Draft Amount : \_\_\_\_\_

3. Demand Draft Date : \_\_\_\_ / \_\_\_\_ / 2014

**In case of CHALLAN**

(Please ensure that Board's Copy of Challan must attached with Application Form)

1. Transaction ID: \_\_\_\_\_

2. Application Fee Amount: \_\_\_\_\_

3. Deposit Date : \_\_\_\_ / \_\_\_\_ / 2014

**SECTION - B****11. Address for Correspondence (IN CAPITAL LETTERS) USE ONLY BLACK PEN**

Name : .....
Father's Name : .....
Address : .....
..... Dist. ....
State ..... Pin : <input type="text"/>

Paste (Do not staple)  
your Non-attested  
Photograph

13. Paste Photograph within provided space

14. Left thumb impression

← 12. Signature of the Candidate

1. Name of the Candidate: \_\_\_\_\_

2. Father's Name: \_\_\_\_\_

3. Mother's Name: \_\_\_\_\_

4. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

Dist. : \_\_\_\_\_ State: \_\_\_\_\_

Tel. No. / Mobile No.:           PIN No. :      

5. Visible identification mark of the Candidate: \_\_\_\_\_

6. Date of Birth 

Date			--	Month			--	Year				
	<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Category (For statistical purpose) [✓]: GEN ☐ SC ☐ ST ☐ BC-I ☐ BC-II ☐8. Gender [✓]: Male ☐ Female ☐

9. Declaration of the Candidate:

I, hereby declared that informations furnished above are correct and all certificates in ORIGINAL are in my possession or I am able to produce when and where required. I also promised to produce original at the time of COUNSELLING. I shall forfeit my candidatures as well as liable for legal action if in case of any of the information is found false or incorrect at the time of ADMISSION or thereafter.

11. अभ्यर्थी का हस्ताक्षर (हिन्दी में)

## (8) जिला कोड

क्रमांक	जिला	कोड	क्रमांक	जिला	कोड	क्रमांक	जिला	कोड
i.	गढ़वा	01	ix.	साहेबगंज	09	xvii.	प० सिंहभूम	17
ii.	पलामू	02	x.	पाकुड़	10	xviii.	पू० सिंहभूम	18
iii.	चतरा	03	xi.	दुमका	11	xix.	लातेहार	19
iv.	हजारीबाग	04	xii.	धनबाद	12	xx.	सिमडेगा	20
v.	कोडरमा	05	xiii.	बोकारो	13	xxi.	जामताड़ा	21
vi.	गिरीडीह	06	xiv.	राँची	14	xxii.	सरायकेला	22
vii.	देवघर	07	xv.	लोहरदगा	15	xxiii.	रामगढ़	23
viii.	गोड्डा	08	xvi.	गुमला	16	xxiv.	खूंटी	24
						xxv.	झारखण्ड के बाहर अन्य सभी स्थान	25



Jharkhand Combined Entrance  
Competitive Examination



युनाइटेड बैंक ऑफ इंडिया  
United Bank of India  
The Bank that begins with "U"

### Bank's Copy

Challan for Para-Medical Entrance Competitive  
Examination - 2014 Application Form

**Cash can be deposited at any Branch of United  
Bank of India**

Account Name:- C.E., J.C.E.C.E. Board A/c - F  
A/c No. - 1842010000921  
IFSC No. - UTBI0SCTQ03

Application Form Fee\*:-

Gen/BC - I/BC - II [ ] ` 450/-  
ST / SC [ ] ` 275/-  
(Tick [√] which is applicable)

(To be filled up by the Depositor)

Candidate's Name: \_\_\_\_\_

Category (mention your category): \_\_\_\_\_

Father's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mobile No. : \_\_\_\_\_

Transaction ID: \_\_\_\_\_

NFFT / UTR No. (In case of IFSC):  
\_\_\_\_\_

Deposit Date: \_\_\_\_ / \_\_\_\_ / 2014

Signature of  
Depositor

Authorized Signatory &  
Seal



Jharkhand Combined Entrance  
Competitive Examination



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Depositor

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Seal



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Mobile No. : \_\_\_\_\_

Transaction ID: \_\_\_\_\_

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\_\_\_\_\_

Deposit Date: \_\_\_\_ / \_\_\_\_ / 2014

Signature of  
Depositor

Authorized Signatory &  
Seal

Instruction for Candidate:- Submit the requisite Application Form fee and collect Board's & Candidate's Copy from Bank. Send the Board's Copy with the Application Form.