

Government of West Bengal

Backward Classes Welfare and Tribal Development Department
Pre-examination Training of SC/ST candidates for entry into Group B/C/D categories
of posts in Govt./PSU services

APPLICATION FORM

GROUP – B / C / D

MEDIUM - ENGLISH / BENGALI YEAR 2025-26

Affixed color
photograph

4.5 cm × 3.5 cm

Name of the Centre: _____

PARTICULARS OF STUDENT

FILL IN THE FORM IN BLOCK LETTER

1. Name: _____;
2. (a) Date of Birth: DD / MM / YEAR. (b) Gender: Male / Female; (c) Castes: SC / ST.
3. Correspondence Address: _____;
Pin: _____; Mob No: _____; Email id: _____;
4. Permanent Address: _____;
Pin: _____; Aadhaar No.: _____.
5. Guardian's Mob No.: _____; Email id: _____;
6. Examination(s) Passed:

Sl	Name of the Examination	Year	Marks	% of Marks	Name of Institution
1.	8 th Standard				
2.	Madhyamik				
3.	Higher Secondary				
4.	Graduation				

7. Present Status (If employed): _____; Organization Name: _____

PARTICULARS OF PARENT / GUARDIAN

1. Father's Name: _____; Occupation: _____
2. Mother's Name: _____; Occupation: _____
3. Guardian's Name: _____; Occupation: _____
Address: _____
4. Annual Family Income: ₹ _____ (Rupees _____ only)

I do solemnly declare that all the particulars given above are true. I shall abide by the guidelines of the Backward Classes Welfare and Tribal Development Department, Government of West Bengal.

Date: (DD / MM / YEAR)

(Student's Signature)

To be enclosed: (MANDATORY): (a) One copy passport size photo; (b) Photocopy of Mark Sheet(s) or Certificate of class – VIII / X / XII / Graduation, (c) Copy of SC/ST Caste Certificate, (d) Copy of AADHAR Card and (e) Family Income declaration.

Application Form received from Sri/Smt. _____ on _____ for
Pre-examination Training of SC/ST candidates for entry into Group B / C / D categories of posts in Govt./PSU services.

Date: _____

Signature of Centre-in-Charge

DECLARATION ON FAMILY INCOME BY PARENT / GUARDIAN OF THE APPLICANT

I _____ the parent / guardian of _____

residing at _____

hereby declare that I belong to SC/ST Community and my annual family income from all sources is

₹ _____ (*Rupees* _____ *only*)

I also declare that, in any stage, the information given by me if proved to be false / not true, benefit of the scheme may be withdrawn and legal action as deemed fit by the authority may be taken against me or my ward.

Date: _____.

Signature of Parent / Guardian