X-17/2/2021-SPN-II-DOP

Government of India Ministry of Communications Department of Posts

> Dak Bhawan, Sansad Marg, New Delhi-110001, Date: 09-08-2024

To,

All Chief Postmasters General.

Subject: Revised enrollment application form for volunteers of Department of Posts for applying for deputation to Army Postal Service - reg.

Madam/Sir,

With reference to the above-mentioned subject, kindly find attached herewith revised enrollment application form for volunteers of Department of Posts for applying for deputation to Army Postal Service.

Circles are requested to circulate the revised enrollment application amongst their field units to ensure smooth enrollment process.

Your faithfully,

Encl: As above

Signed by Vangara Prasad

Date: 09-08-2024 15:39:25

(Vangara Prasad) Assistant Director General (SPN)

Copy to: The Addl Dte Gen APS, Quartermaster General's Br. Integrated HQ of MoD(Army), c/o 56 APO, 908 700 w.r.t. letter no. 90413/Rtg/APS-1C dated 15.11.2023 and 19.07.2024.

Signed by Pankaj Kumar

Date BR 48-2024 45,56:56 Section Officer (SPN)

APPLICATION FOR ENROLMENT AS A VOLUNTEER FOR FIELD SERVICE TO ARMY POSTAL SERVICE (To be filled in by the volunteers) (All fields are mandatory)

PART-I

| 1. | Name (including alias, if any) (in Block letters) (As per Service Book & 1 st page of service book to be attached) | : | |
|-----|---|---|--|
| 2. | Employee ID, if any | : | |
| 3. | (a) Present appointment (Latest pay slip to be attached) | : | |
| | (b) Date of initial appointment in Civil P&T and the cadre in which appointed | | |
| 4. | Father's Name | | |
| 5. | Permanent Home Address | : | |
| 6. | Educational Qualifications | : | |
| | (a) Whether knows typing if yes, Present speed | : | |
| | (b) Whether knowledge of system Admin (Yes/No) | : | |
| 7. | Present Address | : | |
| 8. | Date of Birth | : | |
| 9. | Place of Birth | : | |
| 10. | Aadhaar Number | : | |
| 11. | PAN Number | : | |
| 12. | Mobile Number | : | |
| 13. | email ID | : | |
| 14. | Brief Particulars of previous Military Service, if any (In case served previously in APS, mentioned JC/ Army No) | : | |

15. Conditions of service:-

- (a) The volunteer is required to undergo preliminary medical examination at the nearest Military Hospital/ Recruiting Office. Actual travelling expenses are admissible to him for visit made in connection with preliminary medical examinations.
- (b) The volunteer is at liberty to apply to have his name removed from the list of volunteers at any time except after he has been ordered to proceed on field service.
- (c) On receipt of the orders, the volunteer must start for the nearest Recruiting Office, if necessary within 24 hours of being relieved of his duties.
- (d) The volunteer is required to serve anywhere in India or outside and he must remain on field service as long as required under the terms of his enrolment/commission.
- (e) The detailed terms and conditions are contained in Director General, Posts and Telegraphs, General Circular No 04 dated 22 Oct 77 and the Postal Manual (War) India, 1937.
- 16. Declaration to be signed by the applicant:-

I hereby declare that to the best of my knowledge and belief the information given in the application form is correct. I accept the conditions of service in Army Postal Service and request that my name to be entered in the list of volunteers for Field Service.

| Place : | |
|--|--|
| Date : | (Signature of applicant) |
| | <u>PART-II</u> |
| | DECLARATION REGARDING PLURAL MARRIAGES |
| 17. I that:- | (Name and designation) hereby declare |
| (| (a) I am not married. (mark with ✔ or X) (b) I am widower. (mark with ✔ or X) (c) I am married and have more than one wife living. (mark with ✔ or X) (d) I am married and do not have more than one wife living. (mark with ✔ or X) (e) I am divorced. (mark with ✔ or X) |
| | also undertake not to contract another marriage without first obtaining the permission of India, Min of Defence. |
| during t | fully understand that in the even of my declaration being found incorrect at any time the period of training or after enrolment/ appointment/ grant of commission, I shall be be returned or dismissed from training/ Service. |
| | Signature of applicant |
| Signatu Name Designa Full Ada | |

PART III

RECOMMENDATION OF THE DIVISIONAL OFFICER/ IMMEDIATE SUPERIOR OF GAZETTED RANKS

| Recommended. It is certified that | | | | |
|-------------------------------------|--|--|--|--|
| Ref No : | | | | |
| Tele No : | | | | |
| eMail ID: | | | | |
| Place : | | | | |
| Date: | (Signature of Officer with designation) | | | |
| (unless the Officer concerned can c | conscientiously sign, the application should not be send) | | | |
| | PART-IV | | | |
| <u>REGUL</u> | AR EMPLOYEE CERTIFICATE | | | |
| is a regular employee and is holdii | (name & designation) ng a lien against a permanent post in the Department of Pepartment of Posts if found to be unfit on any count while | | | |
| Place : | | | | |
| Date: | (Signature with designation of Divisional Head) | | | |