

APPLICATION FORM

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FOR RECRUITMENT ON THE POSTS OF MEMBER BOARD OF REVENUE RAJASTHAN, AJMER
(To be filled up by the candidate in his own handwriting in accordance with the "Instructions" enclosed)

Candidates are warned that any inaccuracy in the information furnished will lead to disqualification. The instruction sheets enclosed de this application form should be read carefully before filling up the application form."

1.	Full Name of the applicant (Write in English BLOCK LETTERS)			
(i)	Full Name of the applicant (In Hindi)			
(ii)	Sex(Male/Female/Other)			
(iii)	Father's Full Name			
2.	Present Postal Address, for correspondence (With District, State and PIN Code)			
(i)	Mobile Number			
(ii)	E-mail ID			
3.	Permanent Residential Address (With District, State and PIN Code)			
4.	Names of the places where you have been practicing in the preceding Seven years			
5.	Date of Birth (DD/MM/YYYY) (as mentioned in matriculation/high school/ equivalent certificate) Proof furnished (Annexure No.)			
6.	Age (as on 01.01.2026)			
7.	Nationality			
8.	Birth Place (mention the town, district and State)			
9.	Have you ever been convicted for an offence involving moral turpitude or any such offence, which in the opinion of the Recruiting Authority may render you unsuitable for appointment in judicial service; or have you ever been debarred or disqualified by any High court or Public Service Commission of Union/State from appearing in any examination or interview.			
10.	Academic Qualification			
S.No.	Name of Examination	Passed Year	Marks obtained (%)	Name of the Board/University
1	Secondary or equivalent			
2	Hr./Sr. Secondary or equivalent			
3	Graduation			
4	Post Graduation			

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5	L.L.B.			
6	L.L.M.			
7	Other Academic Qualification (if any)			
11.	If you have been employed before, give particulars below:-			
	Name of the Post or nature of employment	Name of employer	Date of Joining	Date of leaving with reasons
				Salary (Pay Scale, if any)
				Proof furnished (Annexure No.)
12.	Have you ever been dismissed or removed from service by any High Court Or Government Or statutory body Or Local Authority? (Yes/No) if Yes, give details.....			
13.	Give the following particulars:-			
(i)	Date of enrollment as an Advocate		Enrollment Number.....	
a.	Name of the Bar Council: Proof furnished (Annexure No.)		Date.....	
b.	Standing as an Advocate on the last date fixed for receipt of application.	Year..... Month.....Days	
(ii)	Period during which you practiced regularly and continuously and names of the courts and districts in which you practiced.			
b.	Advocate may be requested to provide 05 judgments each relating to revenue matters, in which they argued independently. (copies with details)			
(iii)	Did you pay income tax on your professional Income? If so, the amount on which Income-tax was paid for the assessment year's 2024-25 to 2025-26 should be stated. The copies of assessment orders for each year should be annexed.			
(iv)	Have you ever been found guilty for professional misconduct or contempt of Court and if your license to practice has ever been suspended? If so, give particulars and also enclose the certified copy of order/judgment passed in the proceeding by the State Bar Council/Bar Council of India/High Court and Supreme Court of India, if any.			
b.	Were you ever figured as an accused in a criminal case? If so, give particulars.			

DECLARATION TO BE SIGNED BY THE CANDIDATE

I hereby declare that the information given by me in the Application is true, complete and correct to the best of my knowledge and belief and that nothing has been concealed or distorted. If at any point of time, I am found to have concealed/distorted any information or given any false statement, my application/appointment shall be liable to be summarily rejected/terminated without notice or compensation.

Dated: _____
Place: _____

(Applicant's Name & Signature)