## TAMIL NADU PUBLIC SERVICE COMMISSION



Station: Date:

## APPLICATION FOR ADMISSION TO THE COMPULSORY TESTS PRESCRIBED FOR THE OFFICERS OF THE ALL INDIA SERVICES / STATE SERVICES

## TO BE HELD IN MARCH / SEPTEMBER 200 .

| 1. Name of the Applicant (In full)   | :                            |   |
|--|------------------------------|---|
| 2. a. Designation(with full address)   | :                            | Space for Passport size photo taken recently duly signed. |
| b. Address in full to which communication should be sent   | n<br>:                       |   |
| c. Gender  | :                            |   |
| Tests or language test in which candidate wishes to be examined.   | · :                          |   |
|  |                              |   |
| 4. In the case of Language Test state :  |                              |   |
| a. Applicant's mother-tongue   | :                            |   |
| <ul> <li>Whether the applicant wishes to be<br/>examined in the full test or the<br/>Manuscripts Reading portion only.</li> </ul>  | :                            |   |
| <ul> <li>c. If mother-tongue is Tamil, whether<br/>the applicant has studied the Tamil<br/>in S.S.L.C or any equivalent<br/>examination or for the Degree Cours<br/>(Evidence to be produced)</li> </ul> | :<br>e.                      |   |
| 5. If the candidate has to pay fee for admission to the test, furnish the following particulars  |                              |   |
| IPO/DD Number  | Name of the Post Office/Bank | Amount  |
|  |                              |   |

Signature of the applicant.