

GLOBAL SECURITY AGENCY

(UDYAM-DL-04-0070268)

APPLICATION FORM

NAME OF APPLICANT _____

GENDER – (MALE / FEMALE) _____

NAME OF FATHER OR HUSBAND _____

NAME OF MOTHER _____

ADDRESS _____

PIN _____ CONTACT _____

DATE OF BIRTH (DD/MM/YYYY) _____ AGE _____

OCCUPATION – PROFESSION / SERVICE _____

EMAIL ID _____

PLEASE ATTACH FOLLOWING:

AADHAAR CARD & PAN CARD COPY WITH, SCHOOL OR COLLEGE LEAVING OR BONAFIED, MEDICAL FITNESS, CERTIFICATE, POLICE VERIFICATION CERTIFICATE, DOMICILE CERTIFICATE, QUOTA CERTIFICATE, (NOA) NO OBJECTION AGREEMENT, SELF DECLARATION (GHOSHNA PATRA), TERMS, CONDITIONS, RULES AND REGULATION, DAMAGE LIABILITIES AGREEMENT.

NOTE:

- ATTACH CLEAR COPY OF ALL DOCUMENTS & 3 PASSPORT PHOTO WITH ENTRY FORM.
- NO ENTRY WILL BE ACCEPTED WITHOUT (11 TYPES) ATTACHEMENT OF DOCUMENTS.
- NO ENTRY WILL BE ACCEPTED WITHOUT MEDICAL FITNESS CERTIFICATE (BEFORE 1 DAY) WITH MBBS/MD ONLY.

- ALL FORMS SHOULD BE SENT BY SPEED/REGISTERED POST & SHOULD BE REACH BY BEFORE 20 DAYS OF ADMISSION OR CAMP ON THE FOLLOWING ADDRESS:

BBCS BRANCH HEAD : _____ EMAIL ID: bbcsdo24@gmail.com (BRANCH)

CONTACT NO.: +91 _____.

- CANDIDATE WILL NOT BE PERMITTED TO PARTICIPATE IN THE TRAINING IF FOUND TO BE MEDICALLY UNFIT DURING THE FINAL MEDICAL CHECKUP AT THE VENUE.
- CANDIDATE WITH ANY TYPE OF DISABILITY WILL NOT BE PERMITTED FOR TRAINING OR JOINING ANY GROUP.

SELF DECLARATION:

I HEREBY DECLARE THAT ALL ABOVE PROVIDED INFORMATION IS TRUE TO MY KNOWLEDGE, IF ANY PHYSICAL OR MORAL INJURY OCCURS OR PROBLEM ARISES WITH RESPECT TO ME DURING TRAINING PERIOD, I WILL BE RESPONSIBLE FOR THE SAME.

PARENTS SIGNATURE

OFFICIAL APPROVAL STAMP

CANDIDATE SIGNATURE

DATE: ____ / ____ / 2026

PLACE: _____