

FORM II
(see rule 4)

**FORM FOR VERIFICATION OF CHARACTER AND ANTECEDENTS OF
SECURITY GUARD AND SUPERVISOR IN PRIVATE SECURITY AGENCY**

Thumb Impression* of the Applicant _____

Signature of the Applicant _____

For official use only		
Form Number	Name of the police station sent for police verification	Date

Fee Amount Rs.** _____ Name of Bank _____
_____ D.D. No. *** _____

Date of Issue _____

** Fee shall be Rs.1000/- (Rupees one thousand only) for applicants whose domicile is within the state and Rs.2000/- (Rupees two thousand only) for those who are outside the State.

*** The fee amount shall be in the form of Demand Draft or Bankers cheque drawn in favour of the "Director General of Police, Tamil Nadu, Chennai-600 004".

Please read the instructions carefully before filling the form. Please fill in BLOCK LETTERS: (CAUTION: Please furnish correct information. Furnishing of incorrect information or suppression of any factual information in the form will render the candidate unsuitable for employment/engagement in the Private Agency)

1. Name of applicant as should appear in the photo identity card (Initials not allowed) :

Last name _____ First name _____

2. If you have ever changed your name, please indicate the previous name(s) in full:

3. Sex (male / female) : _____

4. Date of Birth : _____

5. Place of Birth: Village / _____ Town _____,
District _____, State _____ and
Country _____

6. Father's Full Name (including surname, if any) (Initials not allowed) : _____

7. Mother's Full Name (including surname, if any) (Initials not allowed) :

8. If married, Full Name of Spouse (including surname, if any) (Initials not allowed) :

9. Present Residential Address, including Door No., Street Name/police station, village, Taluk and District (with PIN Code) :

Telephone No./Mobile No. _____

10. Please give the date from which he is residing at the above mentioned address: DD/MM / YYYY

11. Permanent Address including Door No., Street Name/police station, village, Taluk and District (with PIN Code) :

12. If you have not resided at the address given at column 9 continuously for the last five years, please furnish the other address (addresses) with duration(s) resided. You should furnish additional photocopies of this form for each additional place of stay during the last five years. Forms may be photocopied, but photograph and signature in original are required on each form.

From _____ To _____ From _____ To _____

13. In case of stay abroad, particulars of all places where you have resided for more than one year after attaining the age of twenty-one years

14. Other Details:

(a) Educational Qualifications: _____

(b) Previous posts held along with name and address of employer: _____

(c) Reason for leaving last employment:

(d) Visible Distinguishing Mark: _____

(e) Height (cms) _____

15. Are you working in Central Government/State Govt./Public Sector Undertaking / Statutory Bodies Yes/No

16. Are you a citizen of India by: Birth / Decent / Registration / Naturalisation : If you have ever possessed any other citizenship, please indicate previous citizenship

17. Have you at any time been convicted by a court in India for any criminal offence and sentenced to imprisonment? If so, give name of the court, case number and offence. (Attach copy of judgement)

18. Are any criminal proceedings pending against you before a court in India? If so, give name of court, case number and offence.

19. Has any court issued a warrant or summons for appearance or warrant for arrest or an order prohibiting your departure from India? If so, give name of court, case number and offence.

20. Self Declaration:

The information given by me in this form and enclosures is true and I am solely responsible for accuracy.

(Signature / T.I*of applicant)

(*Left Hand Thumb Impression, If Male and Right Hand Thumb Impression, if Female)

Date

Place.....

21. Particulars of person to be intimated in the event of death or accident:

Name _____

Address _____

Mobile / Tel.No. _____

22. Enclosures :

(Signature / T.I*of applicant)

FOR OFFICE USE ONLY

File No.: _____

Date of issue of Character and Antecedents Report : _____

(Signature of the Officer in-charge of the Police station)

Name of Police Station _____

Name of Police District _____

* *N.B.* Cancel entries not applicable.