

**Himachal Pradesh
Electrical Inspectorate
H.P. Block No.29, SDA Complex,
Shimla-171009.**

For Office use only:-

FORM 'A' (Rule 42)

Date of receipt: _____

Last date of Submission: 12.12.2025

APPLICATION FORM

For Admission to Cinema Operator's Examination for grant of Cinema Operator's Competency Certificate:

- (i) Roll No.
(ii) Application Received on.....
(iii) Checked by

**Recent Photo
Attested by
Gazetted Officer**

(To be filled in by the candidate in English, Hindi)

1. Full Name (in Block Letters)
2. Phone No: -
3. Father's Name
4. i) Permanent Address.....
..... Pin Code.....
ii) Address for Correspondence.....
..... Pin Code.....
5. Date of BirthDD.....MM.....YYYY and age.....(Years) (Authentic proof of age is to be supplied)
6. Details of Educational Qualification
(Authentic proof is to be supplied)
7. Details of Technical Qualification
(Authentic proof is to be supplied)
8. Details of Past & Present service experience
(Dates of commencement & termination.....
of each appointment to be given)
9. Size and number of projects on which the
applicant has Experience.
10. Fee Rs.5/- (Five only) paid in H.P. treasury,
Under HEAD OF ACCOUNT
"043- Taxes and Duties on Electricity Vide Challan No.....
103-- Fee for Electrical Inspection of Cinema, Dated
01- Misc Receipt (Attach the original treasury receipt with this admission form).
11. Personal marks of identification. i).....
ii).....
12. State clearly the language in which
Examination is to be taken (viz. English or Hindi)
13. Four copies of recent photograph (passport size) showing name and parentage of candidate one attested on
Front and two on reverse duly attested by the Magistrate, Gazetted Officer or Principal of a recognized institute in
Himachal Pradesh to be attached with this form.

I, hereby declare that the particulars stated above are true and correct to the best of my knowledge.

Signed by candidate
in my presence
Dated signature of Gazetted officer with
designation & seal with address or a
Principal of a recognized Institute with address, seal or name.

Signature of Candidate
Phone No.
Present Address.....
Name & full address.....
.....Pin Code.....

Note: See instructions as given on reverse before submitting the Application form..

Instructions:-

1. The applications forms can only be downloaded from the website i.e, <http://hp.gov.in/elins>. No application form can be made available from this office.
2. The candidate must show all the documents in original for verification before appearing in the Electrical Cinema Operator's Examination otherwise he/she shall not be allowed to appear in the examination.
3. Attested copies of testimonials be enclosed and submitted along with this application form
4. Examination Fee Rs. 5/- (five only) paid under below mentioned Head of account (fee deposited through Treasury challan only):-
D.D.O. Code No.950 except Capital Treasury, Shimla-2 D.D.O. Code No.077 Capital Treasury, Shimla-2 only.
Head of Account:
0043- Taxes and Duties on Electricity
103- other Receipts I- Misc. Receipts.
(The original Treasury Challan be enclosed with the admission form).
5. For any enquiry, contact No. 0177-2621020/2628090 .
6. Before submitting the Application Form verify the documents as per check list:
 - i) Original Treasury challan on account of examination fee
 - ii) Four passport size photographs as per Sr. No. 12.
 - iii) Attested copy of qualification.
 - iv) Original copy of Experience Certificate of six months issued by the employer.
 - v) Attested copy of proof of Birth Certificate.
 - vi) Attested copy of proof of Nationality (Any one of the following proof is required to be attached): (a) Bonfide Certificate (b) Ration Card (c) Voter/Aadhar Card (d) Driving License (e) BPL Certificate.
 - vii) Whether 3 Nos. self addressed envelopes duly stamped for Rs:10/- each is to be enclosed .
 - viii) Three specimen signature on plain paper duly attested by the Gazetted officer be enclosed
7. Last date for the receipt of Application Form for the examination is **12.12.2025** The Application Form received after due date or found incomplete for the examination after due date will be rejected/cancelled without any further notice to the applicant.

(For Office use only)

Sh.....S/O Sh.....Vill.....P.O.....Tehsil.....
Distt..... State..... Pin Code..... has applied to appear in the Cinema Operator's
Examination for the year..... in the office of Secretary Licensing Board, SDA Complex, Shimla-9 on,
the documents along with application of the candidate are found correct/few shortcomings as under.

Any shortcoming:

Signature of Dealing Assistant

Secretary Licensing Board,
H.P. Block No. 29, SDA Complex,
Kasumpti, Shimla-171009.