

APPLICATION FOR THE POST OF : **SCIENTIFIC OFFICER/C (MEDICAL- GENERAL DUTY)**

POST CODE : **11701**

ADVERTISEMENT NO. : **NFC/01/2017**

LAST DATE FOR RECEIPT OF APPLICATION : **12.01.2018**

FOR OFFICIAL USE ONLY: -  
SL. NO. \_\_\_\_\_  
DATE OF RECEIPT: \_\_\_\_\_

RECENT  
PASSPORT SIZE  
PHOTO DULY  
SIGNED BY THE  
CANDIDATE

01. NAME OF THE APPLICANT IN FULL : \_\_\_\_\_  
(IN BLOCK LETTERS AS PER SSC CERTIFICATE)

02. DATE OF BIRTH :      
(AS PER SSC/ X STANDARD) (DATE) (MONTH) (YEAR)  
Age as on \_\_\_\_\_      
YEARS MONTHS DAYS

03. GENDER : MALE  FEMALE

04. FATHER'S NAME : \_\_\_\_\_

05. MOTHER'S NAME : \_\_\_\_\_

06. NATIONALITY : \_\_\_\_\_

07. RELIGION : \_\_\_\_\_

08. COMMUNITY : UR  OBC  SC  ST

SUB CASTE IN CASE OF OBC/SC/ST:

09. MARITAL STATUS : MARRIED  UN-MARRIED

NAME OF SPOUSE, IF MARRIED: \_\_\_\_\_

10. HEIGHT :    Cms WEIGHT :    Kgs

11. DO YOU HAVE ANY PHYSICAL DISABILITY: YES  NO

IF YES, TYPE OF DISABILITY: HH  OH  VH

PERCENTAGE OF DISABILITY:

12. MARKS OF IDENTIFICATION:

1. \_\_\_\_\_

2. \_\_\_\_\_

13. ARE YOU AN EX – SERVICEMAN?  
 (IF YES, PL. ENCLOSE  
 DISCHARGE CERTIFICATE)

YES

NO

14. LANGUAGES KNOWN:

LANGUAGE	READ	SPEAK	WRITE	DETAILS OF EXAM. PASSED

15. ADDRESS (IN BLOCK  
 LETTERS)

i) FOR CORRESPONDENCE:  
 (WITH PIN CODE)

PIN						
MOBILE NO:						
E-MAIL ID:						

ii) PERMANENT ADDRESS :  
 (WITH PIN CODE)

PIN						
MOBILE NO:						
E-MAIL ID:						

**16. EDUCATIONAL QUALIFICATIONS:**

DETAILS MAY BE FURNISHED IN THE FORMAT INDICATED BELOW:  
(TOTAL MAXIMUM MARKS AND PERCENTAGE OF MARKS TO BE FILLED IN CLEARLY WHERE EVER APPLICABLE)

EXAM PASSED	UNIVERSITY/ BOARD / INSTITUTION	YEAR OF PASSING	SUBJECTS	DETAILS OF MARKS			Class*
				TOTAL MARKS OBTAINED	MAX MARKS	% of MARKS	
SSC							
HSC							
MBBS							
OTHER QUALIFICATIONS (IF ANY) ↓							

\* IF FINAL GRADING IS INDICATED IN ALPHABETS LIKE 'A', 'B', 'C', 'D' ETC., THE APPLICANT SHOULD INVARIABLY INDICATE THE EQUIVALENT PERCENTAGE OF MARKS DULY CERTIFIED BY AN AUTHORITY OF THE INSTITUTION/UNIVERSITY.

**17. EXPERIENCE\* (INCLUDING SERVICE IN DEFENCE)**

DETAILS OF POST HELD	NATURE OF WORK DONE IN BRIEF	PERIOD		PAY	ORGANISATION NAME & ADDRESS	WHETHER TEMP/ PERMANENT	REASON FOR LEAVING
		FROM	TO				

(\* NECESSARY DOCUMENTS TO BE ENCLOSED IN SUPPORT OF EXPERIENCE)

18. PREFERENCE OF CENTRE FOR SCREENING TEST: \_\_\_\_\_  
(PLEASE SEE SELECTION PROCEDURE OF ADVT. FOR TEST CENTRE DETAILS)

19. IS THE APPLICANT UNDER ANY CONTRACTUAL OBLIGATION TO SERVE THE CENTRAL / STATE GOVT./ANY OTHER PUBLIC SECTOR UNDERTAKING? IF SO,PLEASE FURNISH FULL DETAILS: \_\_\_\_\_

20. IS THE APPLICANT IN RECEIPT OF ANY PENSION GRATUITY OR EMPLOYER'S SHARE OF CONTRIBUTORY PF FROM THE CENTRAL / STATE GOVT. OR ANY PUBLIC SECTOR UNDERTAKINGS? IF SO PLEASE FURNISH FULL DETAILS: \_\_\_\_\_

21. DETAILS OF RELATIVES EMPLOYED IN NFC OR ANY OTHER CONSTITUENT UNIT OF DEPARTMENT OF ATOMIC ENERGY:

SL. NO.	NAME OF RELATIVE	RELATION	UNIT	POST HELD

22. PLEASE **FURNISH REFERENCES** OF TWO PERSONS (NOT RELATIVES):

S.NO.	NAME	OCCUPATION	ADDRESS
01.			
02.			

23. HOBBIES/  
EXTRA CURRICULAR ACTIVITIES (IF ANY) : \_\_\_\_\_

24. ANY OTHER INFORMATION THE APPLICANT WISHES TO PROVIDE IN SUPPORT OF HIS/HER APPLICATION : \_\_\_\_\_

25. LIST OF DOCUMENTS ENCLOSED:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

26. I \_\_\_\_\_ S/O/D/O \_\_\_\_\_ DECLARE THAT ALL THE INFORMATION GIVEN ABOVE IS CORRECT AND I UNDERSTAND THAT FURNISHING FALSE INFORMATION IF DETECTED AT ANY TIME MAKES ME LIABLE FOR TERMINATION, IF APPOINTED. I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE ORGANISATIONS

PLACE : \_\_\_\_\_

DATE : \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF THE CANDIDATE

#####

CHECKLIST (TO BE ATTACHED TO THE APPLICATION)

- |     |  |                          |
|-----|--|--------------------------|
| 01. | LATEST PHOTOGRAPH AFFIXED. (DULY SIGNED ACCROSS BY SELF)   | <input type="checkbox"/> |
| 02. | APPLICATION IN PRESCRIBED FORMAT DULY SIGNED   | <input type="checkbox"/> |
| 03. | ATTESTED COPIES OF CERTIFICATES ATTACHED :   | <input type="checkbox"/> |
| A)  | ATTESTED COPY OF CERTIFICATE IN SUPPORT OF DATE OF BIRTH   | <input type="checkbox"/> |
| B)  | ATTESTED COPIES OF ALL THE CERTIFICATES IN SUPPORT OF EDUCATIONAL QUALIFICATIONS STARTING FROM X STANDARD  | <input type="checkbox"/> |
| C)  | ATTESTED COPY OF PHYSICALLY CHALLENGED CERTIFICATE   | <input type="checkbox"/> |
| D)  | ATTESTED COPY OF CASTE CERTIFICATE (SC/ST/OBC) IN THE PRESCRIBED FORMAT (IF APPLICABLE)  | <input type="checkbox"/> |
| E)  | ATTESETED COPY OF EXPERIENCE CERTIFICATE   | <input type="checkbox"/> |
| F)  | ATTESTED COPY OF DISCHARGE CERTIFICATE IN SUPPORT OF EX-SERVICEMEN   | <input type="checkbox"/> |
| G)  | DECLARATION OF INFORMING PRESENT EMPLOYER (OR) NO OBJECTION CERTIFICATE IN CASE APPLICANT WORKING UNDER CENTRAL/STATE GOVERNMENT , PUBLIC SECTOR UNDERTAKINGS, AUTONOMOUS BODIES | <input type="checkbox"/> |
| H)  | ATTESTED COPY OF CERTIFICATE THAT THE APPLICANT HAS BEEN AFFECTED BY 1984 RIOTS.   | <input type="checkbox"/> |
| I)  | ATTESTED COPY OF CERTIFICATE REGARDING DOMICILE IN KASHMIR DIVISION  | <input type="checkbox"/> |

SIGNATURE OF THE CANDIDATE WITH DATE \_\_\_\_\_

**DECLARATION FOR CANDIDATES SERVING IN GOVERNMENT ORGANIZATIONS/PSUs**

I, \_\_\_\_\_, S/OD/O \_\_\_\_\_,  
HEREBY DECLARE THAT I HAVE INFORMED MY PRESENT EMPLOYER  
VIZ., \_\_\_\_\_, ABOUT MY  
APPLICATION FOR THE POST OF SCIENTIFIC OFFICER 'C' (MEDICAL) IN NFC AGAINST  
ADVT. NO. NFC/01/2017.

SIGNATRURE WITH DATE

NAME IN FULL: \_\_\_\_\_