

APPLICATION FOR THE POST OF : _____
ADVERTISEMENT NO. : _____
LAST DATE FOR RECEIPT OF APPLICATION : _____

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

PASSPORT SIZE
PHOTO DULY
SIGNED BY THE
CANDIDATE
(not more than 6
months old)

01. NAME IN FULL : _____
(IN BLOCK LETTERS) (SURNAME) (NAME)

02. DATE OF BIRTH :
(In Christian era) (DATE) (MONTH) (YEAR)
Age as on 01.01.2012
YEARS MONTHS DAYS

03. SEX : MALE FEMALE

04. PARENT'S NAME : _____

05. NATIONALITY : _____

06. RELIGION : _____

07. MARITAL STATUS : MARRIED UN-MARRIED

08. HEIGHT : Cms WEIGHT : Kgs

MARKS OF IDENTIFICATION:

1. _____
2. _____

09. EMPLOYMENT EXCHANGE REGN. NO. _____

10. ARE YOU A MEMBER OF SC/ST/OBC : SC ST OBC
(Enclose a copy)
Sub-Caste/Tribe

11. WHETHER BELONGS TO MINORITY COMMUNITY
(MUSLIM / CHRISTIAN / SIKH / ANY OTHER)
(PLEASE SPECIFY) _____

12. DO YOU HAVE ANY PHYSICAL DISABILITY ? YES NO
(IN CASE YES, PL. ENCLOSE RELEVANT
CERTIFICATES) OH VH HH

13. ARE YOU AN EX – SERVICEMEN? YES NO
(IN CASE YES, PL. ENCLOSE THE
DISCHARGE CERTIFICATE)

14. ADDRESS (IN BLOCK LETTERS)
I) FOR CORRESPONDENCE:
(WITH PIN CODE)

PIN						
Tel. No.	E-Mail					

ii) PERMANENT ADDRESS :
(WITH PIN CODE)

PIN						
Tel. No.	E-Mail					

15. EDUCATIONAL QUALIFICATIONS:
(a)

EXAMINATIONS PASSED - SSC ONWARDS INCLUDING TECHNICAL QUALIFICATIONS	BOARD/ UNIVERSITY	YEAR OF PASS - ING	% OF MARKS	DURATION OF THE COURSE
A) ACADEMIC				
B) PROFESSIONAL				
C) COURSES BEING TAKEN UP FOR STUDYING IF ANY :				

16. ARE YOU UNDER ANY CONTRACTUAL OBLIGATION
TO SERVE THE CENTRAL / STATE GOVT. / ANY
OTHER PUBLIC SECTOR UNDERTAKING? IF SO,
PLEASE FURNISH FULL DETAILS. _____

17. EXPERIENCE (INCL. SERVICE IN DERENCE) :-

NAME & ADDRESS OF EMPLOYER	DETAILS OF POST HELD & NATURE OF WORK	PAY & SCALE OF PAY	IF IN GOVT. SERVICE, WHETHER TEMPORARY/ PERMANENT	PERIOD OF SERVICE		REASONS FOR LEAVING
				FROM	TO	

Cont.. 3....

18. IN CASE UNDERGONE APPRENTICESHIP TRAINING, DETAILS THEREOF:-

PERIOD OF TRAINING		TRADE	NAME OF ORGANISATION	WHETHER PASSED NCVT TEST
FROM	TO			

19. IF APPLICANT IS IN RECEIPT OF ANY PENSION GRATUITY OR EMPLOYER'S SHARE OF CONTRIBUTORY PF FROM THE CENTRAL / STATE GOVT. OR ANY PUBLIC SECTOR UNDERTAKINGS PARTICULARS THEREOF : _____

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

SL. NO.	NAME OF RELATIVE	RELATION	UNIT	POST HELD

21. PLEASE FURNISH LANGUAGES KNOWN :

LANGUAGE	READ	SPEAK	WRITE	DETAILS OF EXAM. PASSED

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

S.NO.	NAME	OCCUPATION	ADDRESS
01.			
02.			

23. PLEASE INDICATE YOUR HOBBIES/ EXTRA CURRICULAR ACTIVITIES : _____

24. ANY INFORMATION THE CANDIDATE MAY WISH TO ADD IN SUPPORT OF HIS/HER APPLICATION : _____

25 DEMAND DRAFT/I.P.O NO.& DATE: _____

25. I CERTIFY THAT ALL THE INFORMATION GIVEN ABOVE IS CORRECT. I UNDERSTAND THAT FURNISHING FALSE INFORMATION MAKES THE SERVICE/TRAINING LIABLE FOR TERMINATION. IF APPOINTED, I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE ORGANISATIONS

26. LIST OF DOCUMENTS (As per checklist to be attached to the applications):

PLACE : _____

DATE : _____

SIGNATURE OF THE CANDIDATE

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CHECKLIST FOR CANDIDATES (TO BE ATTACHED TO THE APPLICATION)

- 01. PHOTOGRAPH AFFIXED
- 02. APPLICATION IN PRESCRIBED FORMAT & DULY SIGNED
- 03. ATTESTED COPIES OF CERTIFICATES ATTACHED :
 - A) DATE OF BIRTH
 - B) SC/ST/OBC
 - C) PHYSICALLY HANDICAPPED CERTIFICATE (IF APPLICABLE)
 - D) EDUCATIONAL & TECHNICAL QUALIFICATIONS (MARKS SHEET)
 - E) EXPERIENCE
 - F) DISCHARGE CERTIFICATE FROM DEFENCE SERVICE (IF APPLICABLE)
 - G) CHECKLIST ATTACHED.

SIGNATURE _____