

## **Indian Oil Corporation Limited** ( Pipelines Division )

Candidates to affix recent passport size colour Photograph

APPLICATION FORMAT	
(To be filled by the candidate in his/her own handwriting in capital letters with black/blue pen)	
Advertisement No	
Sign here (in the hov)	

Name of the Post						
Name of the Candidate (As recorded in the Matric / Secondary School Certificate)						
Age as on 13.01.2017   Age as on 13.01.2017						
Secondary School Certificate)						
Father's Name						
Postal Address for Communication (with PIN Code)						
Postal Address for Communication (with PIN Code)						
Communication (with PIN Code)    Code						
Communication (with PIN Code)    Code						
Code)						
Age as on 13.01.2017   Age as on 13.01.2017						
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6 Mobile No						
7 Date of Birth D D M M Y Y Y Y Age as on 13.01.2017 Years Months Days						
Age as on 13.01.2017 Years Months Days						
8 Gender (please tick) Male Female						
9 Category (General / SC / ST GEN SC ST OBC / OBC) – please tick						
10 For PWD Candidates Persons With Disabilities						
Category of Disability (please tick) OH VH I	-IH					
Nature of Disability (#please select						
	from below) #(OA/OL/BL/OAL/LV/HH) One Arm, One Leg, Both Legs, One Arm & One Leg, Low					
Vision, Hearing Handicapped	Leg, Low					
Percentage of Disability						
Are you eligible for use of scribe (please tick)  Yes	Are you eligible for use of scribe (please tick)  Yes  No					
If yes, would you want to use scribe in Written Test (please tick)  Yes						
11 State of Domicile   12 Nationality   13 Religion						

ALL EDUCATIONAL QUALIFICATION (MATRIC/CLASS 10 <sup>th</sup> ification: Name of Board / Institute		rd / Institute	Duration		Month and Year		Aggregate	
Professional & 'ny)		,	of Course				% of Marks	
		(in yea		ars)	course	course	Obtained	
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Post Held		Г	Period of	Servi		Salary pe	Salary per Month	
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DETAILS (Ot	her than for SC	C/ST/PWD CANI	DIDATES)					
`			,		Date of Issue	P	ayable at	
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Г АТТАСНЕ	D WITH THIS	APPLICATION:						
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				12000	(109110)111			
Date of Birth (10 <sup>th</sup> pass certificate)								
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	ble							
5 PWD Certificate, if applicable 6 NOC from previous employer, if applicable								
employer, if a	applicable							
omplete and in being for	correct to the bund false or in	pest of my knowle correct, my cand	edge and be idature is l	elief. I liable	understand that to be cancelled	in the event o and in the ev	of any particular ent of any mis-	
Place		Si	gnature of (	Candi	date			
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