

Indian Oil Corporation Limited PRRPL-PL Division

APPLICATION FORMAT (To be filled by the candidate in his/her own handwriting in capital letters with black/blue pen)											Candidates to affix <u>recent</u> passport size					<u>ıt</u>				
Advertisement No.												co	lou		ph	312	ic			
	Sign	here	(in t	he b	ox)-		→													
1	Name of Post																			
2	Name of the Candidate (As recorded in the Matric / Secondary School Certificate)																			
3	Mother's Name:																			
	Father's Name :																			
4	Postal Address for Communication (with PIN Code No.)											P	I	N						
5	Email id																			
6	Mobile No																			
7	Date of Birth	Day				Month				Year										
8	Age as on 25.06.2016 Gender (Please Tick)	MALE FEMALE MONTHS																		
9	Category (GEN/ SC/ ST/ OBC) Please Tick	GF	EN		SC		ST	1	OF	BC										
10	For PWD (PWD Candidates)	Person with Disabilities Category of Disability: OH VH HH Nature of Disability (specify): (OA/OL/BL/OAL/LV/HH) One Arm, One Leg, Both Legs, One Arm & One Leg, Low Vision, Hearing Handicapped Percentage of Disability(%):																		
									Scri	be:	Yes No									

If yes, would you want to use Scribe in Written Test Yes No

11	State of Domicile	e		12. Nationality			13. Religion						
14	Do you belong to appropriate cate		nese Minori	ty Communitie	es? If yes, please tion	ck the	YES/ NO	, If yes, pleas	se tick one-				
							1.Bhuddist	t, 2. Si	2. Sikh, 3. Chirstian,				
					4. Muslin	n, 5. J	ain, 6. Zoros	astrian(Parsi)					
15	ALL EDUCATION	NAL CIV	IL QUALI	FICATION (M	ATRIC/CLASS 10	Oth ONV	WARDS):						
Qualification : (Academic, Technical, Professional & Computer related, if any)				Name of Board / Institute			Duration of Course	Month	Aggregate % of Marks				
							(in years)	Joining the course Passing the course		Obtained			
	i) ITI Trade Code (ii) ITI Trade Nam		lease refer	ITI trade list in	n notification):	A	pplicable for ca	ndidates apply	ing for Technica	l Attendant post			
15 1			1 . (4	16	1.4			•					
	For Ex-servicemen ne of Armed Force	_	es only (Ar	ned force equi	valent qualification		red during servi	ice):					
•	Date of Joining:	Aimy		Lavy		A							
•	Date of Discharge Reason of Dischar												
QUALIFICATION NAME OF QUALIFICATIO					ATION OF	CIVIL EQU	F THE						
ADN	MED FORCE	QUALI	FICATION		ANY	COL	JRSE, IF ANY	QUALIFIC	ATION				
EQU	JIVALENT ALIFICATION												
QU.													
18. I	DETAILS OF EMI	PLOYME	NT, IF AN	Y		ı	n						
Name & Address of Employer			Post Held			From	of Service To	Salar	y per Month				
19. <i>A</i>	APPLICATION FI	EE DETA	ILS (Other	than for SC/S	T/PWD CANDIDA	ATES):							
Name of issuing bank D			D No.	No. Amount			Date of Issue	Pa	ayable at				
			·										
_										_			

20. LIST OF DOCUMENT ATTACHED WITH THIS APPLICATION:

Sl.	Particulars of self attested documents/Fees	Attached(Yes/No/NA)
1	Date of Birth (10 th pass certificate)	
2	Educational qualifications(10th onwards and of	
	all semesters)	
3	Application fee DD (other than for	
	SC/ST/PWD)	
4	SC/ST/OBC/PWD certificate	
5	NOC from previous employer, if applicable	
6	Discharge Certificate (for Ex-servicemen)	

I hereby declare that I have read all the conditions mentioned in the advertisement and I fulfill the same. The statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any particular or information given herein being found false or incorrect, my candidature is liable to be cancelled and in the event of any mis-statement/ discrepancy in the particulars being detected after my appointment, my service is liable to be terminated without any notice to me.

Date:	Place:	Signature of the Candidate