APPLICATION FORM

Post Applied for : Post Code: PWD/		01	02	03			pas	recent sport otograph
(Please tick against appropriate post co	ode)					V		ignature ross
Name of the Post : at Barau	ni Refin	ery			_			1033
1. Full Name (in block letters)	:							
2. Father's Name	:							
3. Permanent Address	:							
4. Address for Correspondence / Present Address	:							
5. Date of Birth :		s on 30/04	1/2016 _	Yı	's	Mont	hs	Days
6. Sex: Male:	Female	e:						
7. Religion :	8. Nat	tionality: _						
9. Domicile :(State)	10.a) (Category:		Jn- erved	SC	ST C	DBC	PWD
10. b) PWD Category : HH		OH→	OA		OL			
10. c) Percentage of disability	:							
11. Ex-Serviceman (Yes / No)	:							
If Yes, Date of Joining Service	:							
Date of Discharge from Service	:							
12. E-mail id (mandatory)	:							
13. Telephone No. (With Std Code)	:			· · · · · · · · · · · · · · · · · · ·				
14. Mobile No.	:							

15. Educational Qualification (Matriculation onwards) including any course being pursued:

S.N.	Qualification	Name of University/	Yea	Year of Course Per		Percentage
	(Passed/ Pursing)	Institution	Admission Passing		Duration	of marks
					(Years)	obtained

16. Details of Relevant Experience:

Name / Address	Designation	Areas of work (Peri	Reasons for	
of the Organisation		Detailed description to be provided)	From	То	leaving employment

17. If employed in Govt. Dept. / PSU, whether applied through proper channel : Yes / No.

Declaration: I hereby declare that all statements made in the application are true, complete and correct to the best of my knowledge and belief. I also undertake that I have not submitted applications for two different posts against this advertisement. I understand that in the event of any information being found untrue / false / incorrect or I do not satisfy the eligibility criteria, my candidature / appointment will be cancelled / terminated, without assigning any reasons thereof. I have read the contents of the advertisement and agree to abide by the rules, regulations and procedures for appointment to the post applied for.

Date

Place: (Signature of Applicant)

.....

Note:

The application must accompany the following documents:

- a) Copies of class X (Proof of age)/XII/Diploma/Graduation(Certificates and Mark sheets of all years/semesters to be attached)
- b) Certificate of disability issued by a medical board duly constituted by the Central or State Govt.
- c) Latest OBC Caste certificate, in proforma, as applicable.
- d) Experience certificate from Employer containing documentary proof of having worked in the relevant (to the post applied) job area with specified period to be submitted.
- e) Attested copy of balance sheet in support of experience in 'Large Industrial Establishment' as specified in advt.
- f) NOC in case presently employed in Govt/Semi Govt./ PSU.
- g) Apprenticeship completion Certificate and Certificate by NCVT/BoPT, if applicable.