

## Indian Oil Corporation Limited (A Government of India Undertaking) (Pipelines Division)

# SPECIAL RECRUITMENT DRIVE FOR PERSONS WITH DISABILITIES (PWDs)

|     | ·  | CATION FORMAT<br>dwriting in capital letters with <b>black pen</b> ) |  |       |        |                 |       |              |       |      |      |       | Candidates to<br>affix <u>recent</u><br>passport size<br><u>colour</u> |      |     |           |      |     |   |   |
|-----|--|--|--|-------|--------|-----------------|-------|--------------|-------|------|------|-------|--|------|-----|-----------|------|-----|---|---|
|     | ereby apply for the                          | -  |  |       |        |                 |       |              |       |      |      |       |  |      |     |           | _    |     |   |   |
|     | vertisement No.                              | :  |  |       |        |                 |       |              |       |      |      |       |  |      | Ph  | oto       | gra  | ph  |   |   |
|     | t Code                                       | :  |  |       |        |                 |       |              |       |      | _    |       |  |      |     |           |      |     |   |   |
| Loc | cation applied for                           | :  |  |       |        |                 |       |              |       |      | _    |       |  |      |     |           |      |     |   |   |
|     |  |  |  |       |        |                 |       |              |       |      |      |       |  | L    |     |           |      |     |   |   |
|     |  |  | 5  | Sign  | here   | e (in l         | the b | ox)          |       |      |      |       |  |      |     |           |      |     |   |   |
| 1   |  |  |  |       |        |                 |       |              |       |      |      |       |  |      |     |           |      |     |   |   |
|     | Name of the Candio                           | date   |  |       |        |                 |       |              |       |      |      |       | -  |      |     |           |      |     |   |   |
|     | (As recorded in the Matric /<br>Certificate) | Secondary School   |  |       |        |                 |       |              |       |      |      |       |  |      |     |           |      |     |   |   |
| 2   | Mother's Name :                              |  |  |       |        |                 | Τ     |              |       |      |      |       |  |      |     |           |      |     |   |   |
|     | Father's Name :                              |  |  |       |        | _               |       |              |       |      |      | _     | _  |      |     |           |      |     |   | _ |
|     |  |  |  |       |        |                 |       |              |       |      |      |       |  |      |     |           |      |     |   |   |
| 3   | Postal Address for Commu<br>No.)             | inication (with PIN Code   |  |       |        |                 |       |              |       |      |      |       |  |      |     |           |      |     |   |   |
|     | 110.)  |  |  |       |        |                 |       |              |       |      |      |       |  |      |     |           |      |     |   |   |
|     |  |  |  |       |        |                 |       |              |       |      |      | P     | • I  | Ν    |     |           |      |     |   | _ |
|     |  |  |  |       |        |                 |       |              |       |      |      | 1     | 1  | 11   |     |           |      |     |   |   |
| 4   | Email id                                     |  |  |       |        |                 |       |              |       |      |      |       |  |      |     |           |      |     |   |   |
| 5   | Mobile No                                    |  |  |       |        |                 |       |              |       |      |      |       |  |      |     |           |      |     |   |   |
| 6   | Date of Birth                                |  |  | ]     | Day    |                 |       | Ν            | lontl | h    |      |       |  |      | Yea | ar        |      |     |   |   |
|     |  |  |  |       |        |                 |       |              |       |      |      |       |  |      |     |           |      |     |   |   |
|     | Age as on 23.11.2015                         |  |  |       |        | YEAI            | RS    |              |       | мо   | NTH  | S     |  |      |     |           |      |     |   |   |
| 7   | Gender (Please Tick)                         |  |  | MAL   |        |                 |       | IALE         | _     |      |      |       |  |      |     |           |      |     |   |   |
| -   |  |  |  |       |        |                 |       |              |       |      |      |       |  |      |     |           |      |     |   |   |
| 8   | Category (GEN/ SC/ ST                        | C/ OBC) Please Tick  | GE   | ΕN    |        | SC              | 2     | ST           | (     | OBO  | C    |       |  |      |     |           |      |     |   |   |
| 9   | PWD/Ex. Serviceman                           |  |  |       |        | Disa            | abili | ty           | P     | leas | e Ti | ck    |  |      | Ex- | serv      | vice | man | 1 |   |
|     |  |  | ОН   | [ / ] | VН     |                 |       |              |       |      |      |       |  |      | Y   | <b>ES</b> | /    | NO  |   |   |
|     |  |  | Not  |       | of T   |                 | :1:4  | ( <b>F</b> = |       | ) •  |      |       |  |      |     |           |      |     |   |   |
|     |  |  |  |       |        | )isabi<br>)L/ B |       |              |       | /)•  |      |       |  |      |     |           |      |     |   |   |
|     |  |  | (LV/ OA/ OL/ BL/ OAL)<br>Low Vision, One Arm, One Leg, Both Legs, One Arm & One Leg) |       |        |                 |       |              |       |      |      |       |  |      |     |           |      |     |   |   |
|     |  |  | Percentage of Disability :   |       |        |                 |       |              |       |      |      |       |  |      |     |           |      |     |   |   |
|     |  |  | Will a Scribe be used for Test/CPT Yes No  |       |        |                 |       |              |       |      |      |       |  |      |     |           |      |     |   |   |
|     |  |  | Wil  | u a S | scrit  | be be           | useo  | 1 Ior        | Te    | st/C | РГ   | r es  |  | IN0  |     |           |      |     |   |   |
| 10  | State of Domicile                            |  | 11. N  | Natio | nality | 7               |       |              |       |      |      | 12. F | Relig  | gion |     |           |      |     |   |   |

## 13 ALL EDUCATIONAL QUALIFICATION (MATRIC/CLASS 10th ONWARDS):

| Qualification :<br>(Academic, Technical, Professional & | Name of Board / Institute | Duration of<br>Course | Month a                               | % of Marks<br>Obtained |  |
|---|---------------------------|-----------------------|---------------------------------------|------------------------|--|
| Computer related, if any)                               |                           | (in years)            | Joining the Passing the course course |                        |  |
|   |                           |                       |                                       |                        |  |
|   |                           |                       |                                       |                        |  |
|   |                           |                       |                                       |                        |  |
|   |                           |                       |                                       |                        |  |
|   |                           |                       |                                       |                        |  |
|   |                           |                       |                                       |                        |  |

### 14 DETAILS OF EMPLOYMENT, IF ANY

| Name 9 Address of Freedomen | De et Held | Perio | l of Service | Salary per Month |  |  |
|-----------------------------|------------|-------|--------------|------------------|--|--|
| Name & Address of Employer  | Post Held  | From  | То           |                  |  |  |
|                             |            |       |              |                  |  |  |
|                             |            |       |              |                  |  |  |
|                             |            |       |              |                  |  |  |
|                             |            |       |              |                  |  |  |

### 15. LIST OF DOCUMENT ATTACHED WITH THIS APPLICATION:

| Sl. | Particulars of self attested documents/Fees | Attached(Yes/No/NA) |
|-----|---|---------------------|
| 1   | Date of Birth                               |                     |
| 2   | Educational qualifications(10th onwards)    |                     |
| 3   | NOC from previous employer, if applicable   |                     |
| 4   | Disability Certificate                      |                     |
| 5   | SC/ST/OBC Certificate, as applicable        |                     |

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.....