

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

## **APPLICATION FORMAT**

(To be filled by the candidate in his/her own handwriting in capital letters with black pen)

hereby apply for the post of	
Advertisement No	

Candidates to affix recent passport size colour

	vertisement No.						-					Ph	oto	gra	aph		
		Sign h	ere (in	the	box)-		<b>→</b>										
1	Name of the Candidate  (As recorded in the Matric / Secondary School Certificate)																
2	Mother's Name:																
	Father's Name :																
3	Postal Address for Communication (with PIN Code No.)								P	I	N						
4	Email id																
5	Mobile No																
6	Date of Birth	Da	ıy		N	Ionth	1		Year								
	Age as on 25.04.2016		YE	ARS .		MONTHS											
7	Gender (Please Tick)	MALE		FE	MALE	;											
8	Category (GEN/ SC/ ST/ OBC) Please Tick	GEN	SC		ST	(	OBC										
9	For Ex-servicemen candidates	• ]	Name Date o Date o	f en	rollm	ent:	·ce:	·									
10	State of Domicile	11. Nationa	lity					12	. Re	ligi	on						
13	Do you belong to any of these Minority Communities appropriate category.	? If yes, pleas	e tick t	he			O , If				ck o						
			1.Bhuddist, 2. Sikh, 4. Muslim, 5. Jain,				(	<ul><li>3. Chirstian,</li><li>6. Zoroastrian(Parsi)</li></ul>									

## 14 ALL EDUCATIONAL CIVIL QUALIFICATION (MATRIC/CLASS 10<sup>th</sup> ONWARDS):

Qualification : (Academic, Technical, Professional &		Name of Board / Institute				ration of Course	Month a	nd Year	Ar Aggregate % of Marks			
Computer related, if a						Joining the course	Passing the course	Obtained				
							course	course				
15. (i) ITI Trade Cod (ii) ITI Trade Naı		 	ification):	Ap	Applicable for candidates applying for Technical Attendan							
16. For Ex-servicement	n candidates only (A	rmed force equiva	alent qualifi	cation acqu	iired	during serv	vice):					
QUALIFICATION	NAME OF	PERCENTAGE DURAT			ON	CIVIL E	QUIVALANCE		OF ARMED			
	QUALIFICATIO	ON OF M ANY					ICATION		UNIT WHO ARDED THE			
ARMED FORCE				IF ANY				CERTIF	CERTIFICATE			
EQUIVALENT QUALIFICATION												
17. DETAILS OF EM	PLOYMENT, IF A	NY										
Name & Address of E	Post Held				Period From	d of Service To	Sala	Salary per Month				
						Tiom	10					
					<u> </u>							
18. APPLICATION F	EE DETAILS(Othe	r than for SC/ST	CANDIDAT	TES):								
Name of issuing bank	DD No. Amount					Date of Issue	F	Payable at				
19. LIST OF DOCUM	IENT ATTACHED	WITH THIS APP	LICATION	۱:		_		I				
Sl. Particulars of Date of Birth	of self attested doc (10 <sup>th</sup> pass certification	uments/Fees	Attached	d(Yes/No/	NA)							
	ualifications (10th				_							
all semesters)  3 Application for	ee DD (other than	for SC/ST)										
4 NOC from previous employer, if applicable												
5 Discharge Co	ertificate (for Ex-s	ervicemen)										
I hereby declare the	nat I have read a	ll the condition	ns mention	ned in the	adv	vertiseme	nt and I fulfil	I the same. T	The statements			
made in this applic	cation are true, co	omplete and cor	rect to the	best of n	ny ki	nowledge	and belief. I	understand th	at in the event			
of any particular of the event of any n	r information giv	ven herein being	g found fa e particula	llse or inc	orre	ct, my ca	ndidature is li	able to be ca	ice is liable to			
be terminated with			, particula	as ocing	المادا	and and	my appointing	ioni, my sorv	ice is madic to			
Date:		Place:				S	ignature of the (	Candidate				