



**INDIAN OIL CORPORATION LIMITED**  
(Refineries Division)  
**HALDIA REFINERY**  
(A Govt. of India Undertaking)

**APPLICATION FORMAT**

**Advt. No. PH/R/01/2015**

(USE CAPITAL LETTERS, LIMIT INFORMATION TO BOXES ONLY)

Post applied for **LABORATORY ANALYST (PATHOLOGY)- IV**

**Category (please tick)**

<b>SC</b>	<b>ST</b>	<b>OBC</b>	<b>GEN</b>	<b>EX-SM</b>

**PWD (PH) category (please tick)**

Orthopedically Handicapped (OH) – Deformity of legs	Hearing Handicapped (HH)	Percentage (%) of Disability ( <b>please mention</b> )

Affix latest Passport Size Photograph

Name (in block letters) \_\_\_\_\_

Father's name \_\_\_\_\_

Postal Address with Pin Code Number \_\_\_\_\_

State of Domicile \_\_\_\_\_

Contact Tel. No. \_\_\_\_\_

eMail-id \_\_\_\_\_

Date of Birth Date: [ ][ ] Month: [ ][ ] Year: [ ][ ][ ] Age as on 31.07.2015 [ ][ ]

<b>Qualification :</b> (Academic, Technical or Professional Qual – from class 10 <sup>th</sup> onwards)	<b>Duration of Course (in years)</b>	<b>Whether Regular fulltime Course (Yes/No)</b>	<b>Marks obtained</b>	<b>Total Marks</b>	<b>% of marks obtained</b>	<b>Month &amp; Year of Passing</b>	<b>Name of University/ Institute/ Board</b>

**Post Qualification Experience as on 31.07.2015**

<b>Name of the Company / Organisation where worked / working</b>	<b>Duration of Experience</b>		<b>Number of</b>		<b>Type of Assignments Handled / specific nature of work / duty performed</b>
	<b>From</b>	<b>To</b>	<b>Years</b>	<b>Months</b>	

I hereby declare that the particulars furnished above are complete and correct to the best of my knowledge and belief. I understand that if at any stage, it is found that the information given in the application is false or incorrect or I do not satisfy the eligibility criteria, my candidature / appointment is liable to be cancelled.

**Date** \_\_\_\_\_  
**Place** \_\_\_\_\_

**Signature** \_\_\_\_\_