



MECON LIMITED
(A GOVERNMENT OF INDIA ENTERPRISE)

No. 11.73.4.F - 01

Advertisement No.

1	POST APPLIED FOR										Affix recent colored passport size self attested photograph
2	NAME (IN CAPITAL)										
3	FATHER'S/ SPOUSE'S NAME										
4	GENDER	Male	Female	Marital Status	Married/ Unmarried/ Others						
5	DATE OF BIRTH		D	D	M	M	Y	Y	Y	Y	NATIONALITY
7	CATEGORY	General	SC	ST	OBC (Non Creamy Layer)			(Attach documentary evidence)			
8	Whether Person with Disability	Yes	No	If Yes, State the nature of Disability (OH/VH/HH) ò ò ò ò ... (Attach documentary evidence)							
9	ACADEMIC AND PROFESSIONAL QUALIFICATIONS (Starting from Matric)										
	Examination passed	Whether full time/ part time/ correspondence	Duration of the course	Name of the institution	Name of the university	Month & year of passing *	CGPA/ Percentage of marks				
<p>* Date of declaration of result/ date of issue of final semester marks sheet/ provisional certificate/ degree, whichever is earlier will be considered as the date of passing the examination. (Please attach one copy of all certificates/ marksheets)</p>											

For Office Use Only

Date of Birth verified	Educational Certificate(s) checked	Work Experience verified	Caste Certificate verified, if any	Remarks	Signature of Verifying Officer

10	MENTION DETAILS OF WORK EXPERIENCE (IN CHRONOLOGICAL ORDER) ACQUIRED POST REQUISITE QUALIFICATION ONLY (YEARS) (MONTHS)						
Name & address of the employer	Post held	Period				Job description in brief	Pay Scale/ Salary drawn per annum
		From	To	Total			
				Years	Months		
Note: Please attach one copy of experience certificate of each employer along with proof of salary drawn. You can also attach the details of your work experience in a separate Annexure.							
11	ATTACH A SEPARATE SHEET AS ANNEXURE GIVING BRIEF ABOUT ACHIEVEMENTS MADE IN THE PRESENT ASSIGNMENT (NOT EXCEEDING 200 WORDS).						
12	ADDRESS (Please give full postal address with postal pin no.)						
FULL ADDRESS, CONTACT NO., FAX NO. & E-MAIL OF PRESENT EMPLOYER, IF EMPLOYED		MAILING ADDRESS			PERMANENT ADDRESS		
MOBILE NO. OF CANDIDATE				E-MAIL OF CANDIDATE			
DETAILS OF APPLICATION FEES, IF APPLICABLE							
DD NO 0 0 0 0 0 0 0 ..		AMOUNT 0 0 0 0 0 0 0 ..			NAME OF BANK 0 0 0 0 0 .. 0 0 0 0 0 ..		

I hereby certify that the information provided above is true to the best of my knowledge and in case any information as above is found to be false or in-correct or suppressed at any stage, I understand that I am liable to be terminated from the services of MECON Limited forthwith without prejudice to any other legal and disciplinary action as deemed fit by the Management.

Place: 0 0 0 0 0 0 .

Date: 0 0 0 0 0 0 ..

(Signature of the Applicant)