



**MECON LIMITED**  
**(A GOVERNMENT OF INDIA ENTERPRISE)**  
**RANCHI – 834002, JHARKHAND**

**APPLICATION FORM**

Affix recent colored  
passport size self  
attested photograph

**Advertisement No..... Dated: .....**

1	<b>POST APPLIED FOR</b>										
2	<b>NAME (IN CAPITAL)</b> <i>(As appearing in matriculation certificate)</i>										
3	<b>FATHER'S/ SPOUSE'S NAME</b>										
4	<b>GENDER</b> <i>(Put a tick mark)</i>	Male	Female	Others	<b>Marital Status</b> <i>(Put a tick mark)</i>				Married / Unmarried / Others <i>(Please specify if Others)</i>		
5	<b>DATE OF BIRTH</b>	D	D	M	M	Y	Y	Y	Y	<b>NATIONALITY</b>	
6	<b>Age</b> <i>(As on prescribed date in advertisement)</i>			Year			Mont hs			Days	
7	<b>CATEGORY</b> <i>(Put a tick mark)</i>	General	SC	ST	OBC (Non Creamy Layer)	(Attach documentary evidence)					
8	<b>Whether Person with Disability</b> <i>(Put a tick mark)</i>	Yes	No	<i>If Yes, State the nature of Disability (OH/VH/HH) ..... (Attach documentary evidence)</i> % of disability.....							
9	<b>Whether Ex Servicemen</b> <i>(Put a tick mark)</i>	Yes	No	<i>If Yes, indicate the following</i>							
				Commissioned Officer		Short Service Commissioned Service/Emergency Commissioned Officer					
				Indian Army	Indian Navy	Indian Air Force	Others (please specify)				

10	<b>Whether Meritorious Sports person</b> (Put a tick mark)		Yes	No			
	If Yes, whether represented in the following ((Put a tick mark)						
	International competition / sports	National competition / sports	Inter University competition / sports	State School Teams in National Sports by All India School Games Federation	Awarded National Awards in Physical Efficiency under National Physical Efficiency Drive.		
11	<b>Whether Domiciled in the State of Jammu &amp; Kashmir during the period 01.01.1980 to 31.12.1989.</b> (Put a tick mark)		YES	NO			
12	<b>ACADEMIC AND PROFESSIONAL QUALIFICATIONS (Starting from Matriculation)</b>						
	Name of Examination passed	Whether full time / part time/ correspondence	Duration of the course	Name of the Institution / University	Main Subjects/ Specialization	Month & year of passing *	Grade# / % marks & Class/ Division
<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 provide complete information. Use separate Annexure/sheet if required.</p> <p>#Equivalent % to be mentioned in bracket. (Please attach self attested copies of all certificates/ mark sheets)</p>							
13	<b>Details of additional qualification(s)/training(s) undergone (if any)</b>						
	Name of qualification / Training Programme	Whether full time/ part time/ correspondence	Duration of the course/ Training programme	Name of the Institution/ University	Main Subjects / Specialization / Training content	Month & year of passing/ Training *	Grade# / % marks & Class/ Division (if any)
<p>(Please attach self attested copies of all certificates/ Testimonials)</p> <p>#Equivalent % to be mentioned in bracket.</p>							

14	<b>MENTION DETAILS OF WORK EXPERIENCE AS APPLICABLE (IN CHRONOLOGICAL ORDER)</b>						
Name & address of the employer	Post held	Period				Job description in brief	Pay Scale/ Salary drawn per annum
		From	To	Total			
				Years	Months		
<b>Note:</b> Please attach self attested 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/sheet. In case of Present employment attach a self attested copy of Appointment Letter containing Date of Joining & Grade/Level along with self attested copy of the latest pay slip.							
15	ATTACH A SEPARATE SHEET AS ANNEXURE GIVING BRIEF ABOUT ACHIEVEMENTS MADE IN THE PRESENT ASSIGNMENT (NOT EXCEEDING 200 WORDS).						
	<b>ADDRESS</b> (Please give full postal address with postal pin no.)						
<b>FULL ADDRESS, CONTACT NO., FAX NO. &amp; E-MAIL OF PRESENT EMPLOYER, IF EMPLOYED</b>		<b>PRESENT ADDRESS OF THE CANDIDATE</b>			<b>PERMANENT ADDRESS OF THE CANDIDATE</b>		
<b>MOBILE NO. OF CANDIDATE</b>				<b>E-MAIL OF CANDIDATE</b>			
<b>DETAILS OF APPLICATION FEES, IF APPLICABLE</b>							
DD NO .....		AMOUNT.....			NAME OF BANK .....		

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: .....  
Date: .....

**(Signature of the Applicant)**

**For Office Use Only**

Date of Birth verified	Educational Certificate(s) checked	Work Experience verified	Caste/Disability/Ex Servicemen/Sportsperson Certificate verified, if any	Remarks

**Name :**

**Designation:**

**(Signature of Verifying Officer)**