



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

APPLICATION FORM

Affix recent colored
 passport size self
 attested photograph

Advertisement No11.73.4.7/2020/Cont/04 Dated: 05.09.2020

1	POST APPLIED FOR				MEDICAL OFFICER (CASUALTY)					
	POST CODE				NOT APPLICABLE					
2	NAME (IN CAPITAL) <i>(As appearing in matriculation certificate)</i>									
3	FATHER'S/ SPOUSE'S NAME									
4	GENDER <i>(Put a tick mark)</i>	Male	Female	Others	Marital Status <i>(Put a tick mark)</i>			Married / Unmarried / Others <i>(Please specify if Others)</i>		
5	DATE OF BIRTH	D	D	M	M	Y	Y	Y	Y	NATIONALITY
6	Age <i>(As on prescribed date in advertisement)</i>	Year			Months			Days		
7	CATEGORY <i>(Put a tick mark)</i>	General	SC	ST	OBC (Non Creamy Layer)	EWS	(Attach documentary evidence)			
8	Whether Person with Disability <i>(Put a tick mark)</i>	Yes	No	<i>If Yes, State the nature of Disability (OH/VH/HH/Others) (Attach documentary evidence)</i> % of disability.....						
9	Whether Ex Servicemen <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	Whether Meritorious Sportsperson (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	Whether Domiciled in the State of Jammu & Kashmir during the period 01.01.1980 to 31.12.1989. (Put a tick mark)		YES	NO		
12	ACADEMIC AND PROFESSIONAL QUALIFICATIONS (Starting from Matriculation)					
	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	Details of additional qualification(s)/training(s) undergone (if any)					
	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	MENTION DETAILS OF WORK EXPERIENCE AS APPLICABLE (IN CHRONOLOGICAL ORDER)						
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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 self attested copy of experience certificate of each employer along with proof of salary drawn.

15	ATTACH A SEPARATE SHEET AS ANNEXURE GIVING BRIEF ABOUT ACHIEVEMENTS MADE IN THE PRESENT ASSIGNMENT (NOT EXCEEDING 200 WORDS). - NOT APPLICABLE					
16	Details of NDT Course NOT APPLICABLE	Level	Type of Non Destructive Test *	Certificate No.	Valid upto	Name of the institute
* Like Radiography / UT / LP etc.						
17	ADDRESS (Please give full postal address with postal pin no.)					
	FULL ADDRESS, CONTACT NO., FAX NO. & E-MAIL OF PRESENT EMPLOYER, IF EMPLOYED		PRESENT ADDRESS OF THE CANDIDATE		PERMANENT ADDRESS OF THE CANDIDATE	
MOBILE NO. OF CANDIDATE			E-MAIL OF CANDIDATE			
DETAILS OF APPLICATION FEES, IF APPLICABLE - NOT APPLICABLE						
DD/ Banker's Cheque 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	NDT	Category (SC/ST/OBC/ EWS /PWD/ Ex Servicemen/ Sports person) Certificate verified, if any	Remarks

Name :

Designation:

(Signature of Verifying officer)