



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

APPLICATION FORM

Advertisement No11.73.4.1/2020/Cont/02 Dated: 12.02.2020

Affix recent colored
passport size self
attested photograph

| | | | | | | | | | | |
|---|--|-------------|--------|--|------------------------|---|---|-------------------------|---|--------------------|
| 1 | POST APPLIED FOR | | | | | | | | | |
| | POST CODE | | | | | | | | | |
| 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) % of disability.....</i> | | | | | | |
| 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 Sports person (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 |
|----------------------------|---|------------------------|--------------------------------------|-------------------------------|---------------------------|------------------------------------|
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* 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.

#Equivalent % to be mentioned in bracket.

(Please attach self attested copies of all certificates/ mark sheets)

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) |
|---|--|--|-------------------------------------|---|-------------------------------------|---|
| | | | | | | |
| | | | | | | |

(Please attach self attested copies of all certificates/ Testimonials)

#Equivalent % to be mentioned in bracket.

14

MENTION DETAILS OF WORK EXPERIENCE AS APPLICABLE (IN CHRONOLOGICAL ORDER)

| Name & address of the employer | Post held | Period | | | | Job description in brief | Pay Scale/ Salary drawn per annum |
|--------------------------------|-----------|--------|----|-------|--------|--------------------------|--------------------------------------|
| | | From | To | Total | | | |
| | | | | Years | Months | | |
| | | | | | | | |
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Note: Please attach self attested copy of experience certificate of each employer along with proof of salary drawn as mentioned at clause 4 of advertisement No.11.73.4.1/2020/Cont/02 dated 12.02.2020.

| | | | | | | |
|---|---|-----------------|---|----------------------------|---|-----------------------|
| 15 | ATTACH A SEPARATE SHEET AS ANNEXURE GIVING BRIEF ABOUT ACHIEVEMENTS MADE IN THE PRESENT ASSIGNMENT (NOT EXCEEDING 200 WORDS). | | | | | |
| 16 | Details of NDT Course | Level | Type of Non Destructive Test * | Certificate No. | Valid upto | Name of the institute |
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| | | | | | | |
| | | | | | | |
| * 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 | | | | | | |
| DD/ Bankers 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/ Sportperson) Certificate verified, if any | Remarks |
|------------------------|------------------------------------|--------------------------|-----|---|---------|
| | | | | | |

Name :

Designation:

(Signature of Verifying officer)