

APPLICATION FORMAT

(To be filled by the candidate in his/her own handwriting in block letters)

CANDIDATES TO AFFIX THEIR RECENT PASSPORT SIZE PHOTOGRAPH AND SIGN ACROSS FORM AND PHOTO.

Advertisement No: -

I hereby apply for the post of Engineering Assistant (Telecommunication & Instrumentation)

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|----|-----|-----|-------------------|---|---|---|--------------------------|--|-----------|--|--|--|--|--|--|--|---|---|---|--|--|--|
| 1 | NAME OF THE CANDIDATE. (AS RECORDED IN MATRIC / SECONDARY SCHOOL CERTIFICATE) | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | PARENT'S / SPOUSE'S NAME | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | FULL POSTAL ADDRESS FOR COMMUNICATION WITH PIN CODE | | | | | | | | | | | | | | | | | | | P | I | N | | | |
| 4 | DATE OF BIRTH (IN FIGURES) | D | D | M | M | Y | Y | Y | Y | DATE OF BIRTH (IN WORDS) | | | | | | | | | | | | | | | |
| 5 | CATEGORY (PLEASE TICK) | SC | ST | OBC | GEN | PWD (PLEASE TICK) | | | | | | | | | | | | | | | | | | | |
| 6 | IF PWD, PLEASE SPECIFY NATURE AND PERCENTAGE OF DISABILITY | 1. Nature of disability : (tick relevant disability) Hunch back / deformity of chest 2. Percentage of disability : | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | STATE OF DOMICILE | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | NATIONALITY | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | CONTACT NO | | | | | | | | | | | E MAIL ID | | | | | | | | | | | | | |

10. EDUCATIONAL QUALIFICATION – MATRIC / 10th ONWARDS -

| NAME OF BOARD / UNIVERSITY | EXAM PASSED | DURATION OF COURSE – IN YEARS | YEAR OF PASSING | MARKS IN PERCENTAGE |
|----------------------------|-------------|-------------------------------|-----------------|---------------------|
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11. DETAILS OF EXPERIENCE, IF ANY

| NAME AND ADDRESS OF EMPLOYER | POST HELD | NATURE OF JOB | PERIOD | | SALARY PER MONTH | REASONS FOR LEAVING |
|------------------------------|-----------|---------------|--------|----|------------------|---------------------|
| | | | FROM | TO | | |
| | | | | | | |
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12. DETAILS OF DEMAND DRAFT

| | | | | | | | | | | | | | | |
|-----------------|--|--|--|--|--|----------------------|--|------|--|--|--|--|--|--|
| DEMAND DRAFT NO | | | | | | NAME OF ISSUING BANK | | DATE | | | | | | |
|-----------------|--|--|--|--|--|----------------------|--|------|--|--|--|--|--|--|

I hereby declare that I have read all the conditions notified in the advertisement in IOCL website (www.iocl.com) and fulfill the same. The statements made by me in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any particular or information given herein being found false or incorrect, my candidature is liable to be cancelled and in case of any discrepancy in the particulars being detected after my appointment, my service is liable to be terminated without any notice to me.

Date.....

Place.....

Signature.....

Name of the Candidates _____