

**Paradip-Haldia-Barauni Pipeline  
APPLICATION FORM**

(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.....

1	NAME OF THE CANDIDATE.																		
2	PARENT'S / SPOUSE'S NAME																		
3	FULL POSTAL ADDRESS FOR COMMUNICATION WITH PIN CODE																		
5	DATE OF BIRTH (IN FIGURES)	D	D	M	M	Y	Y	Y	Y	DATE OF BIRTH (IN WORDS)									
6	CATEGORY (PLEASE TICK)	SC	ST	OBC	GEN	PWD/ EXSM (PLEASE TICK)	PWD		EXSM										
7	IF PWD, PLEASE SPECIFY NATURE AND PERCENTAGE OF DISABILITY	1. Nature of disability : (tick relevant disability) 2. Percentage of disability :																	
8	STATE OF DOMICILE																		
9	NATIONALITY																		
10	CONTACT NO									E MAIL ID									

**11. EDUCATIONAL QUALIFICATION – MATRIC / 10<sup>th</sup> ONWARDS -**

NAME OF BOARD / UNIVERSITY	EXAM PASSED	DURATION OF COURSE – IN YEARS	YEAR OF PASSING	MARKS IN PERCENTAGE

**12. DETAILS OF EXPERIENCE, IF ANY**

NAME AND ADDRESS OF EMPLOYER	POST HELD	NATURE OF JOB	PERIOD		SALARY PER MONTH	REASONS FOR LEAVING
			FROM	TO		

**13. DETAILS OF DEMAND DRAFT**

DEMAND DRAFT NO							NAME OF ISSUING BANK							DATE						
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I hereby declare that I have read all the conditions notified in the advertisement in IOCL website ([www.iocl.com](http://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 \_\_\_\_\_