

## Indian Oil Corporation Limited (A Government of India Undertaking) (Pipelines Division-PHBPL)

## **APPLICATION FORMAT**

(To be filled by the candidate in his/her own handwriting in capital letters with black pen)

hereby apply for the post of	
Advertisement No	

Candidates to affix recent passport size colour

	vertisement No.						•				j	Phot	ogra	aph		
		Sign he	ere (in	the	box)-		<b>→</b>									
1	Name of the Candidate  (As recorded in the Matric / Secondary School Certificate)															
2	Mother's Name:															
	Father's Name :															
3	Postal Address for Communication (with PIN Code No.)								P	I 1	N					
4	Email id															
5	Mobile No															
6	Date of Birth	Da	ay		N	Ionth		Year								
	Age as on 25,04,2016		YE	ARS .			MONT	гнѕ								
7	Gender (Please Tick)	MALE		FE	MALE											
8	Category (GEN/ SC/ ST/ OBC) Please Tick	GEN	SC		ST	C	BC									
9	For Ex-servicemen candidates	• ]	Date o	of en	rmed rollme scharg	ent:	ce:	•								
10	State of Domicile	11. Nationa	lity					12.	Reli	igio	n					
13	Do you belong to any of these Minority Communities' appropriate category.	? If yes, pleas	se tick t	he	YES		) , If y		olease 2. Sikl		s on		Chirs	stian		
			4. Muslim, 5. Jain,			6.	6. Zoroastrian(Parsi)									

## 14 ALL EDUCATIONAL CIVIL QUALIFICATION (MATRIC/CLASS 10<sup>th</sup> ONWARDS):

Qualification : (Academic, Technical, Professional &		Name of Board / Institute				ration of Course	Month a	nd Year	Aggregate % of Marks				
Computer related, if a						Joining the course	Passing the course	Obtained					
							course	course					
15. (i) ITI Trade Cod (ii) ITI Trade Naı		ification):	Ap	plica	Attendant post								
16. For Ex-servicement	n candidates only (A	rmed force equiva	alent qualifi	cation acqu	iired	during serv	vice):						
QUALIFICATION	NAME OF	PERCENTAGE DURAT			ON		QUIVALANCE		OF ARMED				
	QUALIFICATIO	ON OF M ANY	IARKS, IF	OF COURSI	Ξ,	OF THE QUALIF	ICATION		FORCE UNIT WHO HAS AWARDED THE				
ARMED FORCE				IF ANY				CERTIF	CERTIFICATE				
EQUIVALENT QUALIFICATION													
17. DETAILS OF EM	PLOYMENT, IF A	NY											
Name & Address of E	Post Held				Period From	d of Service To	Sala	Salary per Month					
					Tiom	10							
					<u> </u>								
18. APPLICATION F	EE DETAILS(Othe	r than for SC/ST	CANDIDAT	TES):									
Name of issuing bank	DD No. Amount					Date of Issue	F	Payable at					
19. LIST OF DOCUM	IENT ATTACHED	WITH THIS APP	LICATION	۱:		_		I					
Sl. Particulars of Date of Birth	f self attested doc	uments/Fees	Attached	d(Yes/No/	NA)								
	Date of Birth (10 <sup>th</sup> pass certificate)  Educational qualifications( 10th onwards and of					_							
all semesters)  3 Application for	ee DD (other than	for SC/ST)											
4 NOC from previous employer, if applicable													
5 Discharge Co	ertificate (for Ex-s	ervicemen)											
I hereby declare the	nat I have read a	ll the condition	ns mention	ned in the	adv	vertiseme	nt and I fulfil	I the same. T	The statements				
made in this applic	cation are true, co	omplete and cor	rect to the	best of n	ny ki	nowledge	and belief. I	understand th	at in the event				
of any particular or information given herein being found false or incorrect, my candidature is liable to be cancelled and in the event of any mis-statement/ discrepancy in the particulars being detected after my appointment, my service is liable to													
be terminated without any notice to me.													
Date:		Place:	ace:				Signature of the Candidate						