ANNEXURE-IV

HOOGHLY COCHIN SHIPYARD LIMITED Howrah - 711 109



APPLICATION FORMAT

(Use Block Letters only)

Affix recent Passport size Photograph here

ADVT. NO.

(Please fill up this form with utmost care)

Post Ap	plied for :					
(A)	Personal Details					
1.	Name (as appears in SSC certificate)					
2.	Father's Name :					
•						
3.	Date of Birth : DD MM YY					
4.	Age as on : 13-03-2024					
	Year Month Days					
5.	Sex (write M or F):					
6.	Marital Status: Unmarried Married					
7.	State of Domicile :					
8.	Category (Gen./SC/ST/OBC/EWS)					
(B)	Are you physically handicapped: Yes/No If yes, please mention the details as follow: Type of Disability: Extent of disability as specified in the disability certificate: CORRESPONDENCE ADDRESS:					
	City/Town State Pin Code					
	City/Town State Pin Code Mobile					
>						
(C)	City/Town State Pin Code Tel. No. with STD Code Mobile					
	E-mail ID, if any					

					<u>Al</u>	NNEXURE:
ACADEMI	C PERFORMANCE	: :				
Basic Qua	lifications:					
Exam	Institution/	Branch of	Duration	Month &	Aggregate	Full Time
Passed	University/	Specializatio	n of Study	Year of	% Of	Part Tim
	Board			Passing	Marks	Correspo
				MM/YYYY		
Profession	nal Qualification (Please mentior	n qualification	n which mak	ces you eligi	ble) :
Exam	Institution/	Branch of	Duration	Month &	Aggregate	Full Time
Passed	University/	Specializatio	n of Study	Year of	% of	Part Tim
	Board			Passing MM/YYYY	Marks	Correspo
Additional	Qualification, if Any	<u>,</u>				
Additional	Qualification, if Any					
Teaching of experience		aining period i	ncluding Indu	ıction trainiı	ng will not b	
Name of		Scale of	Du	ration	Natur	
Organiza	tion	· · · · · · · · · · · · · · · · · · ·	rom им,үүүү	To MM,YYYY	Duti	es f lea
		+				

Year

Month

Post Qualification Experience :

(F) WHETHER DEPARTMENTAL CANDIDATE: Yes/No

Declaration:

I affirm that the information given in this application is true and correct to the best my knowledge and belief. I further undertake that if at any stage it is discovered that an attempt has been made by me willfully to conceal or misrepresent the facts, my candidature/appointment shall be summarily rejected or terminated without any notice.

Place:	
Date:	Signature of Applicant

Please Enclose:

- 1. Proof of SC/ST/OBC/EWS/PwBD Certificate (If applicable).
- 2. Certificates in support of age, education qualifications, experience, Salary Slip etc.
- 3. Please write Advertisement No., Category and post applied for on the top of the envelope.
- 4. Please attach a sheet in your own handwriting giving justification as to why you consider fit for the post applied for in maximum 300 words.
- 5. Certificates in support of proof of candidate's claim as belonging to EWS.

NOTE: LAST DATE FOR RECEIPT OF APPLICATIONS: 13th March 2024.