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)

ost App	olied for :						
A) <u>P</u>	Personal Details						
1.	Name (as appears in SSC certificate)						
2.	Father's Name :						
3.	Date of Birth:						
4	DD MM YY						
4.	Age as on : 31.08.2024 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)						
	Extent of disability as specified in the disability certificate:						
В)	CORRESPONDENCE ADDRESS:						
	City/Town State Pin Code						
	Tel. No. with STD Code Mobile						
C)	PERMANENT ADDRESS:						
	City/Town State Pin Code						
	Tel. No. with STD Code Mobile						
	E-mail ID, if any						

	C PERFORMANCE	:					
Exam Passed	Institution/ University/ Board	Branch of Specialization	Duration of Study	Month & Year of Passing MM/YYYY	Aggregate % Of Marks	Part	Time/ t Time/ responde
Professior	nal Qualification (I	Please mention (<u> </u>	which mak		_	
Exam	Institution/	Branch of	Duration	Month &	Aggregate		Time/
Passed	University/ Board	Specialization	of Study	Year of Passing MM/YYYY	% of Marks	Part Time/ Corresponde	
Additional (Qualification, if Any	·:					
	F EXPERIENCE (If experience and tr		-		ng will not b	e cou	ınted as
Name of	T	Scale of	Dur	ation	Natur	e of	Reaso
Organiza	tion	Pay Fr	om	То	Duti	es	for

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: 31.08.2024.