

Annexure I

APPLICATION FORM

APPLICATION FOR THE POST OF -----

Advt. No._____dated _____

Paste Self attested recent passport size photograph

1.	Name (IN BLOCK LETTERS)	
2.	Gender	
3.	Father's Name	
4.	Mother's Name	
5.	Date of Birth & Age as on	
6.	State of Domicile and Nationality	
7.	Contact / Mailing Address	Permanent Address
	Phone No (with STD Code): Mobile No: Email ID:	Phone No (with STD Code): Mobile No: Email ID:
8.	Nearest Railway Station	

9.	Religion			
10.	Were you domicile of J&K during the period from 1.01.1980 to 31.12.1989? (<i>copy of Certificate to be</i> <i>produced at the time of</i> Document Verification / Interview)	Yes / No		
11.	Circle the Category (copy of Certificate to be produced at the time of Document Verification / Interview) in case of SC/ST/OBC/EWS)	SC / ST / OBC / EWS / GEN		
12.	Are you a Person with Disability (PWD)? If so, mention the category of Disability (VD/OD/HD) (copy of Certificate to be produced at the time of Document Verification / Interview)	Yes / No VD / OD / HD/ Benchmark Disabilities to be mentioned		
13.	a) Are you an Ex- Serviceman? If yes , mention the last Rank held and the no. of years served in the Rank.	Yes / No 		
	b) Are you Serving Officer in the Armed forces? If yes, mention the present Rank and the no. of years completed in the Rank.	Yes / No 		
14.	Have you been interviewed by HAL any time earlier? (If yes, please give the details of the post for which you have been interviewed as also date/year/venue)	Yes / No 		
	If Yes: Post Interviewed: Date of Interview: Venue of Interview:			

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15.	Are any of your close relatives working in HAL? If yes, provide details of Name, Designation, Division, etc.	
16.	Have you ever been a Member/Worker of any Political Party/Organisation or participated in any Political activities? If 'Yes' please give the following details: a) Name of Political Party / Organisation :	
	b) Particulars of Political Activity (if any) :	
	c) Period of Membership (from year)/year of participation in Political Activity	
	d) Nature of Participation in Political Activity	
	e) Office, if any, held in Political Party:	

17. EDUCATIONAL QUALIFICATION: (Academic and Professional – only from Degree onwards)

Name of Qualification with specialization wherever applicable.	Institution / University	Nature of the Course (Full Time/ Part Time/ Correspo ndence	Duration of the Course	Subjects / Specific ation	Class / Divisi on	Month & Year of Passing
(1)	(2)	(3)	(4)	(5)	(6)	(7)

(Note: Please give full & complete information. Use separate sheets if required)

		Duration of the Training		
Name of Program	Institution / Organisation	From (dd/mm/yy)	To (dd/mm/yy)	
(1)	(2)	(3)	(4)	

18. Details of Training undergone in the last 5 years

(use separate sheets, if required)

19. Professional Experience from the First Job onwards to Current Job

(chronological order):

				D	ate			
SI. No	Designa tion	Organisa tion	Central Govt/ PSU / Private	From (dd/ mm/ yyyy)	To (dd/ mm/ yyyy)	Pay Scale	Gross Pay	Reason s for Leaving
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

(Note: Please give complete details for the experience profile like Date, Month & Year. Use separate sheets if required)

20. Detailed Picture of the Position currently held by you. (To be typed in about 100 words on a separate sheet and enclosed to the application with your name legibly written on the top of the paper)

- 21. No. of years of Post Professional Qualification Experience you possess (in completed years):
- 22. a) Present Scale of Pay_____

Basic Pay _____ DA____ Gross Pay_____

- 23. Date of Seniority (From Date in Present Grade / Post):
- 24. Pay Expected:_____
- 25. If selected, how soon can you join? _____
- 26. Pen picture of professional experience, achievements and significant contribution in the field. (*To be typed in about 100 words on a separate sheet and enclosed to the application with your name legibly written on the top of the paper*)
- 27. Details of Application fee paid:

Name of SBI Branch / Bank	Branch Code	Date	Amount

(Copy of Challan "HAL Copy" to be enclosed with the application)

I hereby declare that the above statements are true and complete to the best of my knowledge and belief. I understand that in the event the information is found to be false or incorrect, my candidature/appointment may be considered as terminated without any notice.

Place:

Date :

Signature of the Candidate

Note: The candidate is required to fill up all the columns. Application will be rejected if any column is left blank, not filled or incomplete. No correspondence will be entertained.

The candidate should not attach any documents with the application blank other than the specified one in the application blank