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)

P	plied 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           Age as on         : 26-12-2024	
4.	Year Month Days	
5.	Sex (write M or F) :	
6.	Marital Status: Unmarried Married	
7.	State of Domicile :	
8.	Category (UR/SC/ST/OBC)	
(В)	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	
	Tel. No. with STD Code Mobile	
(C)	PERMANENT ADDRESS :	
	City/Town State   Pin Code   Tel. No. with STD Code   Mobile	

### (D) ACADEMIC PERFORMANCE :

#### 1. Basic Qualifications :

Exam	Institution/	Branch of	Duration	Month &	Aggregate	Full Time/
Passed	University/	Specialization	of Study	Year of	% of	Part Time/
	Board			Passing	Marks	Correspondence
				MM/YYYY		

2. Professional Qualification (Please mention qualification which makes you eligible) :

Exam	Institution/	Branch of	Duration	Month &	Aggregate	Full Time/	
Passed	University/	Specialization	of Study	Year of	% of	Part Time/	
	Board			Passing MM/YYYY	Marks	Correspondence	
Additional Qualification, if Any:							

3.

#### (E) DETAILS OF EXPERIENCE (If required, please attach separate sheet)

Teaching experience and training period including Induction training will not be counted as experience

Name of the	Designation	Scale of	Duration		Nature of	Reason
Organization		Рау	From	То	Duties	for
			MM,YYYY	MM,YYYY		leaving

Post Qualification Experience : Year Month

### (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 (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.

LAST DATE FOR RECEIPT OF APPLICATIONS: 26th December 2024.