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 App	olied for :							
(A) <u>F</u>	Personal Details							
1.	Name (as appears in SSC certificate)							
2.	Father's Name :							
_								
3.	Date of Birth:							
1	DD MM YY							
4.	Age as on : 14-02-2024 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)	Type of Disability: Extent of disability as specified in the disability certificate: CORRESPONDENCE ADDRESS:							
(D)	CORREST ONDERICE 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							

1.	Basic Qua	Basic Qualifications:											
	Exam Passed		tution/ ersity/ d	Branch of Specializat	ion	Duration of Study	Month 8 Year of Passing	%	ggregate Of arks	Par	Time/ t Time/ respondence		
							MM/YYY	Υ					
								+					
2.	Profession	nal Qua	lification (P	l lease menti	on a	ıualificatio	n which ma	akes	vou eligit	L ole) :			
	Exam	_	tution/	Branch of	J., q	Duration	Month &		ggregate	_	Time/		
			ersity/	Specialization		of Study	Year of Passing MM/YYYY	% M	% of Marks		Part Time/ Correspondence		
3.	Additional	Oualific	ation, if Any:										
(E)	Teaching	experie	RIENCE (If rence and tra	-		-			will not b	e coı	unted as		
	experienc Name of		Designation	Scale of		Du	ration		Nature	o of I	Reason		
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	Organiza	ICIOII		1 dy		л,үүүү	MM,YYY	′	Dutie	.3	leaving		
	Post Qual	ificatio	n Experienc	e:	Yea	r		1	Month				

(D)

ACADEMIC PERFORMANCE:

(F) <u>WHETHER DEPARTMENTAL CANDIDATE:</u> 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 Applican

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.