

कोचीन शिपयार्ड लिमिटेड / COCHIN SHIPYARD LIMITEDकोच्ची/ KOCHI -15प्रवेश चयन / WALK-IN SELECTION**Reg. No.**
(For Office Use)**MEDICAL OFFICER (FEMALE) ON CONTRACT BASIS FOR CSL**

सेवा में / To
 General Manager (HR & Training)
 Cochin Shipyard Limited
 Kochi – 682 015

Affix recent
 passport size
 photograph

Your advt No. CSL/P&A/HRM/HRM GENERAL/APPOINTMENT/2022/48 (B) Dated 09 June 2023
 on CSL website.

I hereby apply for the post ofon contract basis in your
 Company furnishing the following details:

1	Full Name (as in Aadhaar)	
2	Father's Name	
3	Date of Birth & Age	
4	Aadhaar No	
5	Marital status	
6	Nationality	
7	Ex-servicemen or Not	
8	If Yes , Period of Service	
9	Present Address (Postal)	

10	#Contact Details	E-mail address: Mobile No : Landline/Alternate Mobile No:		
11	Whether belonging to SC/ST/OBC/EWS *			
12	Disability (if any), Category and percentage of Benchmark Disability (VH/HH/OH/Others)*			
13	Languages known	To read	To write	To speak

Applicants should ensure that they enter valid e-mail ID and Contact Numbers (Mobile, Landline/Alternate Mobile Number) as all correspondence from CSL will be through that e-mail ID/Contact Number only.

*Copy of certificate to be attached.

14. Educational Qualification: (See Vacancy Notification)

Examination	Main Subjects	Name of College/ Institution	Year of passing	*Marks obtained/ Class & Rank	Medals/ Distn/ Awards of Merit

*Please attach photocopies of mark sheets.

15. Experience:

a) Give a Brief Description of Major Assignments handled.

b) # Provide experience details starting from the present position and indicating previous employment in descending chronological orders. Please use separate sheet if required. Application will be rejected in case of incomplete information and without supportive documents.

Sl No	Post held and Organization	Period			Nature of duties	Scale of pay	Last basic pay drawn in the post	Reason for change
		From (dd/mm/yy)	To (dd/mm/yy)	Total (yr& months)				

#copy of all experience certificates to be attached

16	Computer Literacy (Courses completed)		
17	Special Qualification/ Training##		
18	Do you have any relatives working in CSL or any of its units/ Subsidiaries?	Yes/ No	<u>If yes, details of relatives</u>
19	Do you have any relatives retired from CSL or any of its units/ Subsidiaries?	Yes/ No	<u>If yes, details of relatives</u>

##copy of certificates to be attached

मैं घोषणा करता हूँ कि ऊपर दिया गया विवरण मेरी जानकारी और विश्वास के अनुसार सत्य और सही है।

I declare that the particulars furnished above are true and correct to the best of my knowledge and belief.

स्थान / Place:

दिनांक / Date:

हस्ताक्षर/Signature