	Proforma for application
APPL	LICATION FOR THE POST OF :
POS	ST CODE :
	ERTISEMENT NO. : NFC/01/2016 - SRD FOR PWD  DATE FOR RECEIPT OF APPLICATION :
FOF	OFFICIAL USE ONLY: -
SL. I	NO RECENT PASSPORT SIZE
DAT	PHOTO DULY SIGNED BY THE CANDIDATE
01.	NAME OF THE APPLICANT IN FULL : (IN BLOCK LETTERS AS PER SSC CERTIFICATE)
02.	DATE OF BIRTH :
03.	GENDER : MALE   FEMALE
04.	FATHER NAME :
05.	MOTHER NAME :
06.	NATIONALITY :
07.	RELIGION :
08.	COMMUNITY : UR OBC SC ST
	SUB CASTE IN CASE OF OBC/SC/ST:
09.	MARITAL STATUS : MARRIED UN-MARRIED
10.	HEIGHT : Cms WEIGHT : Kgs
11.	DO YOU HAVE ANY PHYSICAL DISABILITY: YES NO
	IF YES, TYPE OF DISABILITY: HH OH VH
	PERCENTAGE OF DISABILITY:
12.	MARKS OF IDENTIFICATION:
1	
2	•
13.	EMPLOYMENT EXCHANGE REGN. NO. (IF AVAILABLE):

14.	(IN CASE YES, PL. CONCERNED CER	ENCLOSE THE		YES _	N	0				
15.	PLEASE FURNISH	LANGUAGES KI	NOWN:							
	LANGUAGE	READ	S	PEAK	WRITE	DETAIL P.	S OF E ASSED			
	ADDRESS (IN BLOC LETTERS)	K								
	I) FOR CORRESPO (WITH PIN CODE)	NDENCE:								
			PIN MOBIL	E NO:						
			E-MAI							
	ii) PERMANENT AD	DRESS ·								
	(WITH PIN CODE									
				<u> </u>						
			PIN MOBIL	E NO:						
			E-MAI							

## 17. EDUCATIONAL QUALIFICATIONS:

DETAILS MAY BE FURNISHED IN A SEPARATE SHEET IN THE FORMAT INDICATED BELOW INDICATING ALL YOUR EDUCATIONAL QUALIFICATION: (TOTAL MAXIMUM MARKS AND PERCENTAGE OF MARKS TO BE FILLED IN CLEARLY WHERE EVER APPLICABLE)

<b>EXAM PASSED</b>	UNIVERSITY/	YEAR OF PASSING	SUBJECTS	DETAI			
	BOARD / INSTITUTION			TOTAL MARKS OBTAINED	MAX MARKS	% of MARKS	Class*
SSC							
HSC							
DEGREE							
B.SC. APPLICABLE							
B.E./B.TECH/M. E.							
OTHER QUALIFICATIO NS (IE ANY)							

<sup>\*</sup> IF FINAL GRADING IS INDICATED IN ALPHABETS LIKE 'A', 'B', 'C', 'D' ETC., THE APPLICANT SHOULD INVARIABLY INDICATE THE EQUIVALENT PERCENTAGE OF MARKS DULY SUPPORTED BY A LETTER ISSUED BY THE REGISTRAR OF THE UNIVERSITY CONCERNED.

## 18. EXPERIENCE \* (IF ANY INCLUSIVE OF SERVICE IN DEFENCE)

DETAILS OF POST HELD	NATURE OF WORK DONE IN BRIEF	PERIOD		PERIOD		WORK DONE IN PERIOD		PAY	ORGANISATION NAME & ADDRESS	WHETHER TEMP/ PERMANENT	REASON FOR LEAVING
		FROM	то								

<sup>(\*</sup> NECESSARY DOCUMENTS TO BE ENCLOSED IN SUPPORT OF EXPERIENCE)

19.	IS THE APPLICANT UNDER ANY CONTRACTUAL OBLIGATION TO SERVE THE CENTRAL / STATE GOVT./ANY OTHER PUBLIC SECTOR UNDERTAKING? IF SO,PLEASE FURNISH FULL DETAILS:									
20.	IS THE APPLICANT IS IN RECEIPT OF ANY PENSION GRATUITY OR EMPLOYER'S SHARE OF CONTRIBUTORY PF FROM THE CENTRAL / STATE GOVT. OR ANY PUBLIC SECTOR UNDERTAKINGS? IF SO PLEASE FURNISH FULL DETAILS:									
21. DETAILS OF RELATIVES ALREADY EMPLOYED IN NFC OR ANY OTHER CONSTITUENT UNIT OF DEPARTMENT OF ATOMIC ENERGY:										
	SL. NO.	NAME OF RELATIVE	RELATION	UNIT	POST HELD					
22.		E FURNISH REFERENCES OF MPLOYEES/GOVERNMENT SE	(NOT RELATIV	ES - NEED NOT BE						
	<b>S.NO.</b> 01.	NAME	OCCUPATION	I AI	DDRESS					
	02.									
23.	INDICATE YOUR HOBBIES/ EXTRA CURRICULAR ACTIVITIES (IF ANY) :									
24.	4. ANY OTHER INFORMATION THE APPLICANT WISHES TO PROVIDE IN SUPPORT OF HIS/HER APPLICATION :									
25.										
	LIST OF	DOCUMENTS TO BE WRITTE	EN (As per checklis	t to be attached	to the applications):					
	LIST OF	DOCUMENTS TO BE WRITTE	EN (As per checklis	st to be attached	to the applications):					

26. I	l	S/O/D/ODECLARE TH	AT ALL
i ,	FURNISI APPOIN	FORMATION GIVEN ABOVE IS CORRECT AND I UNDERSTAND HING FALSE INFORMATION MAKES THE SERVICE LIABLE FOR TERMINA TED, I AGREE TO ABIDE BY THE RULES AND REGULATIONS C SATIONS	TION. IF
PLAC	E:		
DATE	≣ :		
		SIGNATURE OF THE CANDIDATE	
###	# ## # #	# ## # # # # # # # # # # # # # # # # # #	##
	CHEC	KLIST FOR CANDIDATES (TO BE ATTACHED TO THE APPLICATION)	
01.	PHOT	OGRAPH AFFIXED, ADDITIONAL PHOTOGRAPH STAPLED	
02.	APPLI	CATION IN PRESCRIBED FORMAT & DULY SIGNED	
03.	ATTES	STED COPIES OF CERTIFICATES ATTACHED :	
	A)	ATTESTEDD COPY OF CERTIFICATE IN SUPPORT OF DATE OF BIRTH	
	B)	ATTESTED COPIES OF ALL THE CERTIFICATES IN SUPPORT OF COMPLETE EDUCATIONAL QUALIFICATIONS	
	C)	ATTESTED COPY OF PHYSICALLY CHALLENGED CERTIFICATE	
	D)	ATTESTED COPY OF CASTE CERTIFICATE (SC/ST/OBC) IN THE PRESCRIBED FORMAT (IF APPLICABLE)	
	E)	ATTESETED COPY OF EXPERIENCE CERTIFICATE (IF ANY)	
	F)	ATTESTED COPY OF DISCHARGE CERTIFICATE IN SUPPORT OF EXSERVICEMEN	
	G)	NO OBJECTION CERTIFICATE IN CASE APPLICANT WORKING UNDER CENTRAL/STATE GOVERNMENT , PUBLIC SECTOR UNDERTAKINGS, AUTONOMOUS BODIES	
	H)	ATTESTED COPY OF CERTIFICATE THAT THE APPLICANT HAS BEEN AFFECTED BY 1984 RIOTS.	
	I)	ATTESTED COPY OF CERTIFICATE REGARDING DOMICILE IN KASHMIR DIVISION	R
	J)	CHECKLIST ATTACHED.	
		SIGNATURE OF THE CANDIDATE WITH DATE	