

APPLICATION FORMAT



HINDUSTAN AERONAUTICS LTD.
KORAPUT DIVISION, SUNABEDA-763002, ODISHA
Advertisement No.: ADVT.No.: KPT-01/2022

Paste
Self-attested
recent passport
size photograph

Application for the Post of _____

Name (In Capital Letters)		
Gender (Put \surd mark)		(Male / Female)
Date of Birth (DD/ MM/YYYY)		
Father's Name (In Capital Letters)		
Category (Put \surd mark) (Enclose copy of Certificate in case of SC/ST/OBC (Non creamy layer) /EWS)		GEN / OBC (NCL)/ SC / ST /EWS
Are you a Person with Benchmark Disability (PwBD)? If Yes, mention the category of Disability (VH/OH/HH) (Enclose a copy of disability certificate)		Yes / No VH/OH/HH : % of Disability
Contact No.	Mobile No.:	
	Telephone No.(with STD Code):	
E-mail Id		
Nationality		INDIAN / NON INDIAN
Permanent Home Address (with PIN code):		Address for correspondence (with PIN code):
Nearest Railway Station		
Were you domicile of Jammu & Kashmir during the period from 01.01.1980 to 31.12.1989? If so, please enclose the proof.		YES / NO
a) Are you an Ex-Serviceman? If Yes, mention the last Rank held and the number of years served in the Rank.		a) Yes / No
b) Are you Serving as Officer in the Armed forces (Navy / Army / Air Force)? If Yes, mention the present Rank and the number of years completed in the Rank.		b) Yes / No

Whether any of your close relatives are working in HAL? If yes, please provide details	Name: Designation:..... Division: PB No.:..... Relation:
---	--

2. EDUCATIONAL QUALIFICATION:

Basic Degree and Post Graduate Degree/PG Diploma /Other Higher Qualifications, if any

Name of Qualification with specialisation wherever applicable	Institution / University	Nature of the Course (Full Time / Part Time / Correspondence)	Duration of the Course	Subjects / Specialisation	Class / Division	% of Marks	Month & year of Passing
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

3. Professional Experience (from the First Job onwards to Current Job) (Chronological Order):

Designation / Name of the position /Name of the post	Name of the Organization/ Establishment / Employer	Central Govt. /State Govt./ Central PSU / State PSU / Private Org.	On Contract / Ad-hoc /permanent / Temporary / On-the-job training	Date		Pay Scale	Gross Pay	Reason for Leaving
				From (dd/mm/yy)	To (dd/mm/yy)			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

4. Details of Application Fee:

Online Payment Mode:

Date of payment:

Account from which payment made:

Screenshot of the payment details. (Enclosed)

5. I hereby declare that the above information/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

Name :

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 other than the specified one in the application.