

Hindustan Aeronautics Limited Accessories Division, Lucknow

APPLICATION FOR THE POST OF _____

Advt No. _____ dated _____

Paste Self attested
recent passport size
photograph

| | | | |
|-----|--|---|---|
| 1. | Name (IN BLOCK LETTERS) | | |
| 2. | Gender | | |
| 3. | Father's Name | | |
| 4. | Mother's Name | | |
| 5. | Date of Birth & Age as on 10-01-2023 | a) _____ b) _____ | |
| 6. | State of Domicile and Nationality | | |
| 7. | Contact / Mailing Address PIN Code..... Phone No(with STD Code): Mobile No: Email ID: | Permanent Address PIN Code..... Phone No (with STD Code): Mobile No: Email ID: | |
| 8. | Nearest Railway Station | | |
| 9. | Religion | | |
| 10. | Were you domicile of J&K during the period from 01.01.1980 to 31.12.1989? (copy of Certificate to be produced at the time of Document Verification) | Yes / No | |
| 11. | Circle the Category [copy of Certificate to be produced at the time of Document Verification in case of SC/ST/OBC/EWS] a) Caste b) Sub-Caste c) Non-Creamy Layer (for OBC only) d) EWS | <div style="text-align: center;">SC / ST / OBC / EWS / GEN</div> a) _____ b) _____ c) Yes / No d) Yes / No | |
| 12. | Are you a person with Disability (PwBD)? If so, mention the category of Disability (VD/OD/HD) (Copy of Certificate to be produced at time of Document Verification) | Yes / No | VD / OD / HD / Benchmark Disabilities to be mentioned |
| 13 | a) Are you an Ex-Serviceman? If yes, mention the last Rank held and the no. of years served in the Rank. | Yes / No ----- | |

| | | |
|----|--|--|
| | b) Are you serving officer in the Armed forces? <i>If yes, mention the present Rank and the no. of years completed in the Rank.</i> | Yes / No ----- |
| 14 | Have you been interviewed by HAL any time earlier? <i>(if yes, please give the details of the post for which you have been interviewed as also date/year/venue)</i> If Yes: Post Interviewed: Date of Interview: Venue of Interview: | Yes / No ----- ----- ----- ----- |
| 15 | Are any of your close relatives working in HAL? If yes, provide details of Name, Designation, Division, etc. | |
| 16 | Have you ever been a Member/Worker of any Political Party/Organization or participated in any Political activities? If 'Yes' please give the following details: a) Name of Political Party / Organization: b) Particulars of Political Activity (if any) : c) Period of Membership (from year) / year of participation in Political Activity d) Nature of Participation in Political Activity e) Office, if any, held in Political Party: | |

17. EDUCATIONAL QUALIFICATION: (Academic and Professional – from SSLC onwards)

| Name of Qualification with specialization wherever applicable. | Institution/ University | Nature of the Course(Full Time/ Part Time/ Correspondence) | Duration of the Course | Subjects/ Specification | Class/ Division & percent age of marks | Month & year of Passing |
|--|-------------------------|--|------------------------|-------------------------|--|-------------------------|
| (1) | (2) | (3) | (4) | (5) | (6) | (7) |
| | | | | | | |
| | | | | | | |

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|--|--|--|--|--|--|--|
| | | | | | | |
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| | | | | | | |

(Note: Please give full & complete information. Use separate sheets if required)

* For calculation of percentage, aggregate of all Semesters / Years should be considered. Wherever CGPA or letter grade is awarded, equivalent percentage of marks should be indicated as per norms adopted by the University / Institute. A certificate from the respective University / Institute to this effect should be attached along with this application form.

18. Details of Training undergone in the last 5 years

| Name of the Programme | Institution/ Organization | Duration of the Training | |
|-----------------------|---------------------------|--------------------------|---------------------|
| | | From (dd/mm/yyyy) | To (dd/mm/yyyy) |
| (1) | (2) | (3) | (4) |
| | | | |
| | | | |
| | | | |

(Use separate sheets, if required)

19. Professional Experience from the First Job onwards to Current Job (chronological order):-

| Sl. No. | Designation | Organization | Central Govt/PSU/ Private | Date | | Pay Scale | Gross Pay | Reasons for Leaving |
|---------|-------------|--------------|---------------------------|----------------------|--------------------|-----------|-----------|---------------------|
| | | | | From (dd/mm/yyyy) | To (dd/mm/yyyy) | | | |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

(Note: Please give complete details for the experience profile like Date, Month & Year. Use separate sheets if required)

20. Detailed Picture of the Position currently held by you. (To be typed in about 100 words on a separate sheet and enclosed to the application with your name legibly written on the top of the paper)

21. No. of Years of Post Professional Qualification Experience you possess (in completed years):

22. a) Present Scale of Pay _____
Basic Pay _____ DA _____ Gross Pay _____

23. Date of Seniority (From Date in Present Grade / Post): _____

24. Pay Expected: _____

25. If selected, how soon can you join? _____

26. Pen picture of professional experience, achievements and significant contribution in the field.
(To be typed in about 100 words on a separate sheet and enclosed to the application with your name legibly written on the top of the paper)

DECLARATION

I hereby declare that the above 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:

Signature of the Candidate

Date:

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 blank other than the specified one in the application blank.

FORMAT OF SCHEDULED CASTE/TRIBE CERTIFICATE

This is to certify that Shri/Shrimati/Kumari* _____
 son/daughter of _____ of village/town/* _____
 in District/Division * _____ of the State/Union Territory* _____
 belongs to the _____ Caste/Tribes* which is recognized as a Scheduled
 Castes/Scheduled Tribes* under:-

@The Constitution (Scheduled Castes) order, 1950
 @The Constitution (Scheduled Tribes) order, 1950
 @The Constitution (Scheduled Castes) Union Territories order, 1951
 @The Constitution (Scheduled Tribes) Union Territories Order, 1951

{as amended by the Scheduled Castes and Scheduled Tribes List (Modification) order, 1956; the Bombay Reorganization Act, 1960, & the Punjab Reorganization Act, 1966, the State of Himachal Pradesh Act 1970, the North-Eastern Areas (Reorganization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976., the State of Mizoram Act, 1986, the State of Arunachal Pradesh Act, 1986 and the Goa, Daman and Diu (Reorganisation Act, 1987)}

@The Constitution (Jammu & Kashmir) Scheduled Castes Order, 1956
 @The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959 as amended by the Scheduled Castes and Scheduled Tribes order (Amendment Act), 1976
 @The Constitution (Dadra and Nagar Haveli) Scheduled Castes order, 1962
 @The Constitution (Dadra and Nagar Haveli) Scheduled Tribes Order, 1962
 @The Constitution (Pondicherry) Scheduled Castes Order, 1964
 @The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967
 @The Constitution (Goa, Daman & Diu) Scheduled Castes Order, 1968
 @The Constitution (Goa, Daman & Diu) Scheduled Tribes Order, 1968
 @The Constitution (Nagaland) Scheduled Tribes Order, 1970
 @The Constitution (Sikkim) Scheduled Castes Order, 1978
 @The Constitution (Sikkim) Scheduled Tribes Order, 1978
 @The Constitution (Jammu & Kashmir) Scheduled Tribes Order, 1989
 @The Constitution (SC) Orders (Amendment) Act, 1990
 @The Constitution (ST) Orders (Amendment) Act, 1991
 @The Constitution (ST) Orders (Second Amendment) Act, 1991
 @The Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 2002
 @The Constitution (Scheduled Castes and Scheduled Tribes) Orders (Amendment) Act 2002.
 @The Constitution (Scheduled Castes) Orders (Second Amendment) Act, 2002

% 2. Applicable in the Caste of Scheduled Castes/ Scheduled Tribes persons who have migrated from one State / Union Territory Administration to another.

This Certificate is issued on the basis of the Scheduled Castes/ Scheduled Tribes certificate issued to Shri/Shrimati* _____ Father/Mother of Shri/Shrimati/Kumari _____ of Village /town* _____ in District/Division* _____ of the State /Union Territory * _____ who belongs to the Caste/Tribe* _____ which is recognized as Scheduled Caste/ Scheduled Tribe in the State/Union Territory * _____ of _____ issued by the _____ dated _____

%3. Shri/Shrimati*/Kumari*_____and/or* his/her* family)
ordinarily reside(s) in the village/ town *_____ of
_____District/Division* of the State/Union Territory*
of _____.

Signature_____

Designation_____

(with seal of office)
State/Union Territory*

Place:_____

Date:_____

* Please delete the words which are not applicable.

@ Please quote specific Presidential Order.

% Delete the paragraph which is not applicable.

Note: The term "Ordinarily reside(s)" used here will have the same meaning
as in Section 20 of the Representation of the People Act, 1950.

FORMAT OF OTHER BACKWARD CLASSES (OBC) CERTIFICATE

This is to certify that Shri/Smt./Kumari _____ son/daughter of _____ of Village/Town _____ in District/Division _____ in the State/Union Territory _____ belongs to the _____ community which is recognised as a backward class under the Government of India, Ministry of Social Justice and Empowerment's Resolution No. _____ dated _____. *. Shri/ Smt. / Kumari _____ and/or his/her family ordinarily reside(s) in the _____ District/Division of the _____ State/ Union Territory. This is also to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the Government of India, Department of Personnel & Training O.M. No. 36012/22/93 - Estt.(SCT) dated 8.9.1993**.

Dated: _____ District Magistrate / Deputy Commissioner etc.

Seal: _____

* The authority issuing the certificate may have to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC

** As amended from time to time.

Note: The term "Ordinarily" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

Disability Certificate (FORM-V)

(In case of amputation or complete permanent paralysis of limbs or dwarfism
and in case of blindness)

[See rule 18(1)]

(Name and Address of the Medical Authority issuing the Certificate)

Recent passport size
attested photograph
(Showing face only) of
the person with
disability.

Certificate No.

Date:

This is to certify that I have carefully examined Shri. / Smt. /
Kum. _____ Son /Wife /Daughter of Shri.
_____ Date of Birth (DD/MM/YY) _____ Age
_____ years, male/ female _____ registration No. _____
Permanent resident of House No. _____ Ward / Village / Street _____
Post Office _____ District _____ State _____,
whose photograph is affixed above, and am satisfied that:

A) He / She is a case of:

- Locomotor disability
 - Dwarfism
 - Blindness
- (Please tick as applicable)

B) the diagnosis in his/her case is _____

(A) he/she has _____ % (in figure) _____ percent (in words) permanent
locomotor disability/dwarfism/blindness in relation to his/her _____ (part of
body) as per guidelines (..... number
and date of issue of the guidelines to be specified).

2. The applicant has submitted the following documents as proof of residence:

| Nature of Document | Date of issue | Details of authority issuing Certificate |
|--------------------|---------------|--|
| | | |

(Signature and Seal of Authorised Signatory of
notified Medical Authority)

Signature/thumb
impression of the person in
whose favour certificate of
disability is issued

Disability Certificate (Form-VI)
(In case of Multiple Disabilities)

[See rule 18(1)]

(Name and Address of the Medical Authority issuing the Certificate)

Recent passport size
attested photograph
(Showing face only)
of the person with
disability.

Certificate No. _____

Date: _____

This is to certify that I have carefully examined Shri. / Smt. /
Kum. _____ Son /Wife / Daughter of Shri

Date of Birth (DD/MM/YY) _____ Age _____ years,
male/ female _____ .

Registration No. _____ Permanent resident of House No. _____
Ward/Village/Street _____ Post Office _____
District _____ State _____, whose photograph is affixed
above, and am satisfied that:

(A) He / She is a case of Multiple Disability. His / Her extent permanent physical impairment /
disability has been evaluated as per guidelines (.....number
and date of issue of the guidelines to be specified) for the disabilities ticked below and
is shown against the relevant disability in the table below:

| Sl. No | Disability | Affected part of Body | Diagnosis | Permanent impairment / disability (in %) | Physical / mental |
|--------|--------------------------------|-----------------------|-----------|--|-------------------|
| 1 | Locomotor Disability | @ | | | |
| 2 | Muscular Dystrophy | | | | |
| 3 | Leprosy cured | | | | |
| 4 | Dwarfism | | | | |
| 5 | Cerebral Palsy | | | | |
| 6 | Acid attack Victim | | | | |
| 7 | Low Vision | # | | | |
| 8 | Blindness | # | | | |
| 9 | Deaf | £ | | | |
| 10 | Hard of Hearing | £ | | | |
| 11 | Speech and Language disability | | | | |
| 12 | Intellectual Disability | | | | |
| 13 | Specific Learning Disorder | | | | |
| 14 | Autism Spectrum Disorder | | | | |
| 15 | Mental illness | | | | |

| | | | | |
|----|---------------------------------|--|--|--|
| 16 | Chronic Neurological Conditions | | | |
| 17 | Multiple sclerosis | | | |
| 18 | Parkinson's disease | | | |
| 19 | Haemophilia | | | |
| 20 | Thalassemia | | | |
| 21 | Sickle Cell disease | | | |

B) In the light of the above, his/her over all permanent physical impairment as per guidelines (.....number and date of the guidelines to be specified), is as follows:-

In figures:- _____ Percent

In words:- _____ Percent

2. This condition is progressive / non-progressive / likely to improve / not likely to improve.

3. Reassessment of Disability is :

1) Not Necessary, Or

2) Is recommended / after _____ years _____ months and therefore this certificate shall be valid till (DD) (MM) (YYYY)

@ e.g. Left/Right/Both arms / Legs

e.g. Single eye / Both eyes

£ e.g. Left / Right / Both ears

4. The applicant has submitted the following documents as proof of residence:

| Nature of Document | Date of issue | Details of authority issuing Certificate |
|--------------------|---------------|--|
| | | |

5. Signature and seal of the Medical Authority.

| | | |
|------------------------|-------------------------|----------------------------------|
| | | |
| Name of Seal of Member | Name and Seal of Member | Name and Seal of the Chairperson |

Signature/thumb impression of the person in whose favour certificate of disability is issued

Disability Certificate (Form-VII)

(In case other than those mentioned in Forms V and VI)
 (Name and Address of the Medical Authority issuing the Certificate)
 (See rule 18(1))

Recent passport size
 attested photograph
 (Showing face only)
 of the person with
 disability.

Certificate No. _____

Date: _____

This is to certify that I have carefully examined Shri. / Smt. /
 Kum. _____ Son / Wife / Daughter of Shri
 _____ Date of Birth (DD/MM/YYYY) _____ Age _____ years,
 male/female _____ Registration No. _____ permanent resident of House
 No. _____ Ward / Village / Street _____ Post Office
 _____ District _____ State _____, whose
 photograph is affixed above, and am satisfied that he/she is a case of
 _____ disability. His / Her extent of percentage physical
 impairment / disability has been evaluated as per guidelines
 (.....number and dateof issue of the
 guidelines to be specified) and is shown against the relevant disability in the table below:-

| Sl. No | Disability | Affected part of Body | Diagnosis | Permanent impairment / disability (in %) | Physical mental |
|--------|---------------------------------|-----------------------|-----------|--|-----------------|
| 1 | Locomotors Disability | @ | | | |
| 2 | Muscular Dystrophy | | | | |
| 3 | Leprosy cured | | | | |
| 4 | Cerebral Palsy | | | | |
| 5 | Acid attack Victim | | | | |
| 6 | Low Vision | # | | | |
| 7 | Deaf | € | | | |
| 8 | Hard of Hearing | € | | | |
| 9 | Speech and Language disability | | | | |
| 10 | Intellectual Disability | | | | |
| 11 | Specific Learning Disability | | | | |
| 12 | Autism Spectrum Disorder | | | | |
| 13 | Mental - illness | | | | |
| 14 | Chronic Neurological conditions | | | | |
| 15 | Multiple sclerosis | | | | |
| 16 | Parkinson's disease | | | | |
| 17 | Haemophilia | | | | |
| 18 | Thalassemia | | | | |
| 19 | Sickle Cell disease | | | | |

(Please strike out the disabilities which are not applicable)

2. The above condition is progressive / non-progressive / likely to improve / not likely to improve.

3. Reassessment of Disability is

(i) Not Necessary, Or

(ii) Is recommended / after _____ years _____ months and therefore this certificate shall be valid till _____ (DD/MM/YYYY).

@ e.g. Left/Right/Both arms / Legs

e.g. Single eye / Both eyes

£ e.g. Left / Right / Both ears

4. The applicant has submitted the following documents as proof of residence:

| Nature of Document | Date of issue | Details of authority issuing Certificate |
|--------------------|---------------|--|
| | | |

(Authorised Signatory of notified Medical Authority)
(Name and Seal)

Signature/thumb impression of
the person in whose favour
certificate of disability is
issued

Countersigned
{Countersignature and seal of the Chief Medical
Officer/Medical Superintendent/
Head of Government Hospital, in case the
Certificate is issued by a medical authority who is not
A Government servant (with seal)}

Note- In case this certificate is issued by a medical authority who is not a Government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District.

Government of.....
(Name & Address of the authority issuing the certificate)

**INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY
WEAKER SECTIONS**

Certificate No. _____

Date: _____

VALID FOR THE YEAR _____

This is to certify that Shri/Smt./Kumari _____ Son
/daughter/Wife _____ permanent resident of
_____ Village / Street _____ Post Office _____
District _____ in the State/Union Territory _____ Pin Code
_____ Whose photograph is attested below belongs to Economically Weaker Sections,
since the gross annual income* of his/her "family"* is below Rs.8 lakh (Rupees Eight Lakh only)
for the financial year _____. His/her family does not own or possess any of the following
assets***:

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other the notified municipalities.

2. Shri/Smt./Kumari _____ belongs to the _____ caste
which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes
(Central List)

Recent Passport size
attested photograph of
the applicant

Signature with seal of Office _____
Name _____
Designation _____

*Note 1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

**Note 2: The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children the age of 18years

***Note 3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.