

**AI ENGINEERING SERVICES LIMITED**  
(A wholly owned subsidiary of AIAHL)



**FORMAT OF APPLICATION**

POST APPLIED For:  
Regional Security Officer or Assistant Supervisor (\_\_\_\_\_)

**I. a/ Name:** \_\_\_\_\_

**b/ Father's Name:** \_\_\_\_\_

**c/ Address:** \_\_\_\_\_

\_\_\_\_\_

**Pin Code:** \_\_\_\_\_

**d/ Contact Details:**

**i) Telephone Nos.:** \_\_\_\_\_

**ii) Mobile No.:** \_\_\_\_\_

**iii) E-mail id:** \_\_\_\_\_

**e/ Date of Birth:** \_\_\_\_\_

**f/ Age (As on 01.02.2023)** \_\_\_\_\_ (Years) \_\_\_\_\_ (Months) \_\_\_\_\_ (Days)

**g/ Nationality:** \_\_\_\_\_

**h/ Religion:** \_\_\_\_\_

**II. Category you belong to:**

(Please TICK)                      **GEN**                      **SC**                      **ST**                      **OBC**                      **EWS**

(In case of OBC, candidates would be required to produce OBC certificate in the prescribed proforma issued by the appropriate authority for Central Government employment)

Bank Draft No. \_\_\_\_\_ & Date: \_\_\_\_\_

Drawn on: \_\_\_\_\_

(Not applicable in case of ST /SC Candidates)

Paste a recent  
Passport size  
photograph

Please do not staple)

III. Height \_\_\_\_\_ cms Weight \_\_\_\_\_ kg

IV. Education Qualifications:(Matriculation/SSC onwards)

Examination Passed (specify Degree e.g. BA/BSC/B.Com etc./Diploma course	Name Of the University /Institution/ Board	Month & year Of passing	Duration / Subjects	Percentage of marks (class/division )
10 <sup>th</sup>				
12 <sup>th</sup>				
Graduation				
Any Other (specify)				

V. Details of other Certificates for Experience Staff in AVSEC

Certificate Passed	Date of getting certification	Validity	
		From	To
BCAS Basic AVSEC (12 days new pattern)			
Screener X-Ray Certificate (Valid)			
AVSEC Refresher			

VI. Preferable Qualifications

Certificate Passed
Non-AVSEC / N.C.C
Proficiency in Fire Fighting
Knowledge of Industrial Security
Knowledge of disaster management
Ex Serviceman
course in Computers(Basic)

**Fluency in languages: Mark 'X' in an appropriate column.**

Language *	Read	Speak	Write	Remarks
English				
Hindi				
Local (specify)				
Other (specify)				

\*Indicate whether any Certificate/Language Course done and the duration of the course, along with a copy of such certificate.

**VII. Details of previous employment:**

Organization	Designation	Period		Salary Drawn	Reasons for leaving
		From	To		

**Additional Information:-**

i) \_\_\_\_\_

ii) \_\_\_\_\_

**Any other information:**

**I hereby declare that the above information is correct to the best of my knowledge and belief. I understand that if I have suppressed any factual information, my candidature may be rejected.**

**Date:**

**SIGNATURE OF CANDIDATE**

**TO WHOMSOEVER IT MAY CONCERN**

Date: \_\_\_\_\_

I, Dr. \_\_\_\_\_, have clinically examined  
Mr. /Ms. \_\_\_\_\_ Age (year) \_\_\_\_\_ Date of Birth \_\_\_\_\_ and certify  
that his/her height and weight as follows:

Heights: \_\_\_\_\_ cms Weight: \_\_\_\_\_ kgs

Signature of the Doctor

Name of the Doctor

Registration No.:

Stamp

## OBC FORMAT

**Form of certificate to be produced by Other Backward Classes applying for appointment to posts under the Government of India.**

This is to certify that.....Son/ Daughter  
of.....Village.....

District/Division.....inthe.....

State Belong to.....Community which is recognized as a  
Backward Class under the Government of India, Ministry of Welfare.

ResolutionNo.12011/68/93- BCC(C), dated 10th September1993 published in the Gazette of  
India Extra - Ordinary

Part I, Section I, dated 13th September1993. Shri.....and/or his  
family ordinarily reside(s) in  
the.....

District / Division of the ..... State.

This is also to certify that he/she doesn't belong to the person/sections (Creamy Layer)  
mentioned in colu mn 3 of the Schedule to the Government of India, Department of Personnel  
and Training O.M. No. 36012/22/93-Estt.(SCT), dated 8.9.93.

Seal

District Magistrate Deputy Commissioner etc.

N.B. (a) The term 'ordinarily' used here will have the same meaning as in Section 20 of the  
Representation of the Peoples Act, 1950.

(b) Where, the certificates are issued by Gazetted Officers of the union Government or State  
Governments, they should be in the same form but countersigned by the District . Magistrate of  
Deputy Commissioner (Certificate issued by Gazetted Officers and attested by District  
Magistrate/Deputy Commissioner are not sufficient).

Seal

Dated : \_\_\_\_\_

### **NOTE:**

a) The term 'Ordinarily' used here will have the same meaning as in Section  
20 of the Representation of the People Act, 1950.

b) The authorities competent to issue Caste Certificates are indicated below:

- (i) District Magistrate / Additional Magistrate / Collector / Deputy Commissioner /  
Additional Deputy Commissioner / Deputy Collector / 1<sup>st</sup> Class Stipendiary Magistrate /  
Sub- Divisional magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant  
Commissioner (not below the rank of 1<sup>st</sup> Class Stipendiary Magistrate).
- (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency  
Magistrate.
- (iii) Revenue Officer not below the rank of Tehsildar and
- (iv) Sub-Divisional Officer of the area where the candidate and / or his family resides.
- (v) Caste Certificate issued from Maharashtra State must be validated by social  
welfare Department of Maharashtra Government.

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