

HINDUSTAN AERONAUTICS LIMITED **HELICOPTER MRO DIVISION**

APPLICATION FORM FOR ENGAGEMENT FOR THE POST OF AIRCRAFT TECHNICIAN (XSM) (D-6) ON TENURE BASIS IN NON-EXECUTIVE CADRE

Paste self attested recent passport size colour photograph

	(APPLICATION TO BE FILLED IN <u>CAPITAL</u>	LETTERS ONLY)	
	Application No.: (Fo	or Office use only)	
All fields form.	s are mandatory. Please read the enclosed	d advertisement prior to filling	g up the application
1.	Name		
2.	Gender		
3.	Father's Name		
4.	Mother's Name		
5.	Spouse Name (if married)		
6.	Date of Birth & Age as on 01-01-2025	dd/mm/yyyy	YrsMths.
7.	State of Domicile and Nationality		
8(a)	Email ID		
	espondences to the candidates will be madate in the application form. No other method		
	Contact / Current Residential Address	Permanent A	ddress
8 (b)			
	PIN Code Phone No (with STD Code): Mobile No.	PIN Code Phone No (with STD Cod Alternative Contact No:	de):
9.	Nearest Railway Station		
10.	Religion		
11.	Circle the Category (copy and original of Certificate to be produced at the time of Document Verification)	SC/ ST/ OBC-NC	L/ UR
12.	Were you domicile of J&K during the period from 01.01.1980 to 31.12.1989? (copy and original of Certificate to be produced at the time of Document Verification)	d Yes /	No

13.	Are you a Person with Benchmark Disabilities (PwBD)? (copy of Certificate to be produced at the time of Document Verification)	Yes / No If yes, Category of Disability Percentage of Disability
	Are you an Ex- Serviceman? (if yes, please answer the following)	Yes / No
14 (a)	Date of Joining the Services	
	Date of Discharge from the Services	
	Rank at the time of discharge / release	
	Are you Serving employee in the Armed Forces? (if yes, please answer the following)	Yes / No
	Date of joining the Services	
(b)	Present Rank	
	Date of Seniority in Present Rank	
	No. of completed years in the Current Rank as on 01-01-2025	
15.	Are any of your close relatives working in HAL? If yes, provide details of Name, Designation, Division, etc.	Yes / No
	Have you ever been a Member/Worker of any Political Party/ Organisation or Participated in any Political activities? If 'Yes' please give the following details:	Yes / No
	a) Name of the Political Party/ Organisation:	
16.	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/ Board	Nature of the Course (Full Time/ Part Time/ Corresponde nce)	Duration of the Course	Subjects / Specificatio n	Class / Division	Month & Year of Passing	Marks Obtained	% of Marks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

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

18. Details of Training undergone in the last 5 years:

Name of Program		Duration of the Training			
	Institution / Organisation	From (dd/mm/yyyy)			
(1)	(2)	(3)	(4)		

(use separate sheets, if required)

19. **Professional Experience** (in chronological order): (use separate sheets, if required)

SI.		Name of the	Central Govt/	Period of Service			Gross	Reasons
No	Designation	Organisation	PSU / Private	From (dd/mm/yy)	To (dd/mm/yy)	Pay Scale	Pay	for Leaving
(1)	(2)	(3)	(4)	(5)	(6)	(7	(8)	(9)

	No. of years of Post Professiona Yearsmonth			oossess (in completed	years):			
•	Application fee details:							
	Name of Bank & Branch address where fee is deposited	Application fee amount (in Rs.)	Date of Deposit	Bank Challan Reference No.	Remarks			
fc 2. 1	Candidates should attach origion proof of payment, otherwise Present Scale of Pay	the same will not	be considered	1)	pplication			
3. [PA Date of Seniority (From Date in			Armed Forces /Govt. e	employee):			
	f selected, how soon can you j are you willing to be posted any							
. н	lave you taken VRS from Armed yes, Please mention date of V	d Forces/ any PSU	/Government					
ar	ereby declare that the above and belief. I understand that in y candidature/appointment m	the event the	information is	found to be false or				
	Place:							
	Date: Signature of the Candidate							

Note: (i) The period of training undergone by a candidate in a Private Company is not reckoned for

calculating the Post Professional Qualification Experience.