

Hindustan Aeronautics Limited Aircraft Division, Nasik

APPLICATION FORM

APPLI	CATION FOR THE POST OF	Paste	
Advt. Nodated			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 date of 15.04.2025		
6.	State of Domicile and Nationality		
7.	Contact / Mailing Address	Permane	ent Address
	Pin Code		Pin Code
	Phone No. (with STD Code):	Phone No. (with STD	Code):
	Mobile No: Email ID :	Mobile No: Email ID :	
8.	Nearest Railway Station		
9.	Religion		
10.	Where 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 / Interview)	Ye.	s / No
11.	Circle the Category (Copy of Certificate to be produced at the time of Document Verification /	SC /ST /OB	C / EWS / GEN

Interview) in case of SC/ST/OBC/EWS

12	Are you Person with Disability (PWD)? If so, mention the category of Disability (VD/OD/HD)	Yes / No
12.	(Copy of Certificate to be produced at the time of	VD / OD / HD / Benchmark Disabilities
	Document Verification / Interview)	to be mentioned
13.	a) Are you Ex- Serviceman? If yes, mention the	Yes / No
	last Rank held and the no. of years served in the Rank.	
	b) Are you Serving Officer in the Armed forces?	Yes / No
	If yes, mention the present Rank and the no.	
	of years completed in the rank.	
14.	•	Voc / No
14.	Have you been interviewed by HAL any time earlier?	Yes / No
	(If yes, please give the details of the post for	
	which you have been interviewed as also	
	date/year/venue)	
	If Yes:	
	Post Interviewed:	
	Date of Interviewed:	
	Venue of Interviewed:	
	Are any of your close relatives working in HAL? If	
15.	yes, provide details of Name, Designation,	
	Division, etc.	
16.	Have you ever been a Member/Worker of nay	
	Political Party/Organisation or participated in any	
	Political activities? If yes, please give the	
	following details :	
	a) Name of Political Party / Organisation:	
	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:

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	Month & Year of Passing
(1)	(2)	(3)	(4)	(5)	(6)	(7)

18. Details of License / Certifications:

Name of License / Certifications	Institution / University	Nature of the Course (Full Time / Part Time / Correspondence	Duration of the Course	Subjects / Specification	Class / Division	Month & Year of Passing
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	<u> </u>			<u> </u>		

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

19. Details of Training undergone:

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

(Note: Use separate sheets if required)

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

				Date				Reason
SI. No.	Designa tion	Organisation	Central Govt /PSU /Private	From (dd/mm/	To (dd/mm/	Pay Scale	Gross Pay	for
NO.	don		/130 /111vate	уууу)	уууу)	Scarc	, ay	Leaving
(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)

21. Detailed Picture of the Position held by you at the time of Superannuation. (*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)						
22. No. of years of Post Professiona	l Qualification E	xperience you poss	ess (in completed	years):		
23. a) Last Rank	Last PaySc	cale				
Basic Pay	DA	Gross Pay		_		
24. Pay Expected:			<u> </u>			
25. If selected, how soon can you jo	oin?			_		
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)						
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:						
Date :			Signature of tl	he Candidate		

Note: The candidate is required to fill up all the columns.