APPLICATION FORM

HINDUSTAN AERONAUTICS LIMITED

AVIONICS DIVISION: KORWA

Photo

APPLICATION FOR THE POST OF VISITING CONSULTANT ( )

Advertisement No: AD-KORWA/VC/2026/1

1.	Name (In block Letters)	
2.	Father's / Husband's Name	
3.	Mother's Name	
4.	Gender : Please Tick (√)	Male ☐ Female ☐
5.	Contract Mailing Address: District: State: Phone No. (with STD Code)	Permanent Address: District: State: Phone No. (with STD Code)
6.	Category-SC/ST/OBC	
7.	Mobile No.	
8.	E-Mail ID	
9.	Date of Birth(Enclose Proof) (in DD/MM/YYYY Format)	_ _ /_ _/_ _ _ _
10.	Age as on 30-09-2026	……..Years …… Months …….. days
11.	Nationality	

12.	State of Domicile	
13.	Religion	
14.	Details of your close relatives working in HAL (if any)	Name:_____ Designation_____ Staff No._____ Division:_____ Relation _____
15.	Have you been interviewed by HAL any time earlier? (If yes, please give the details of the post for which you have been interviewed)	Yes / No Post Interviewed for : Date of Interview : Division where interviewed:

16. Educational Qualifications

Sl. No.	**Qualification**	**Duration of Course**	**Nature of the Course** (full Time/Part Time/Correspondence	**Name of Institute**	**Name of the University**	**Percent-age**	**Class/ Division**	**Month & Year of Passing Years (MM/YY)**

17. Post Qualification Experience (chronological Order)

Sl. No.	Organisation / Designation / Scale of Pay	Central Govt./ State Govt./ PSU/Private	From Date DD/MM/YYYY	To Date DD/MM/YYYY	Gross Salary	Reason For Leaving

18. Expected remuneration per visit : Rs……(Mandatory to fill)

19. Any other additional information you like to submit:

DECLARATION

I do hereby declare that the information provided as above is true and complete to the best of my knowledge and belief. I have neither suppressed any factual information nor furnished any incorrect information. In the event, the information is found to be false or incorrect, my candidature / engagement is liable to be terminated without any notice. I also declare that I am a citizen of India by birth / domicile

Signature of the candidate

Place:

Date: