INDIAN PORT RAIL & ROPEWAY CORPORATION LIMITED APPLICATION FORMAT FOR PROJECT SITE ENGINEER

Affix recent Passport Size Photograph

| 1 | POST APPLIED FOR | | | | |
|----|--|-----------------|----------|--------|--|
| 2 | APPLICANT NAME (Sh./Smt./Ms.) | | | | |
| 3 | FATHER / HUSBAND NAME | | | | |
| 4 | DATE OF BIRTH (dd/mm/yyyy) | | | | |
| 5 | AGE (as on last date of receiving applications in IPRCL) | (YEARS) | (MONTHS) | (DAYS) | |
| 6 | (i) CORRESPONDENCE ADDRESS | STATE: PINCODE: | | | |
| | (ii) PERMANENT ADDRESS | STATE | PINCODE | | |
| 7 | CONTACT NUMBER WITH STD CODE | | | | |
| 8 | MOBILE NUMBER | | | | |
| 9 | EMAIL ID | | | | |
| 10 | RELIGION | | | | |

12. <u>Details of Educational Qualifications</u>:

| Sr. | Qualification | Name of the Institution / Board / | Month & Year | Percentage of |
|-----|---------------|-----------------------------------|--------------|---------------|
| No. | | University | of passing | Marks Scored |
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11.(A) Details of Additional Qualifications:

| Sr. | Qualification | Name of the Institution / Board / | Month & Year | Percentage of |
|-----|---------------|-----------------------------------|--------------|---------------|
| No. | | University | of passing | Marks Scored |
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13. <u>DETAILS OF EXPERIENCE IN CHRONOLOGICAL ORDER:</u>

(IF REOUIRED, SEPARATE SHEET CAN BE ATTACHED IN THE SAME FORMAT)

| Sr. No. | Name & Address of the Organization | Designation / Post Held | From D/MM/YY | To DD/MM/YY | Pay- Scale (IDA/ CDA) | Last drawn Basic Pay | Gross Salary P.M | Brief Duties / Responsibilities (Attach Latest CV clearly describing details of each job performed) |
|------------|--|-------------------------|--------------|-------------|--------------------------------|-------------------------------|------------------------|---|
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|--|---|--|--|---|--|----------|--|
| 14. Do you hold Lien in any other organization | | | | | | Yes / No | |
| If | Yes. | | | | | | |
| a. | a. Name & address of the Organization in which lien is held : | | | | | | |

b. Date from which lien is held

| N | Name: |
|--|--|
| Place: | Signature of Candidate |
| Date: | |
| I hereby declare that the particulars furnished above a cancelled if any information is found to be incorrect or for criteria according to the requirements prescribed in the variation. | alse at any stage or me not satisfying the eligibility |
| If Yes – Details thereof | : ® |
| as far as his knowledge goes. | |
| 17. Whether any action or inquiry is going on against the | e applicant : Yes / No |
| If Yes- Details thereof | \$ |
| last 10 years. | |
| 16. Whether any Punishment to the applicant during the | : Yes / No |
| b. Name & address of the organization in which yo Deputation. | u are on : |
| a. Date from which you have been on deputation | 8 |
| If Yes. | |
| 15. Are you on deputation | : Yes / No |

(To be filled by the PSU/Ministry/Department Concerned)

It is certified that the particulars furnished above have been scrutinized and found to be correct as per official records. There is no disciplinary / vigilance case contemplated or initiated against the officer.

Signature & Designation of the Competent Forwarding Authority with Telephone No. & Official Seal.