



**MECON LIMITED**  
(A GOVERNMENT OF INDIA ENTERPRISE)  
RANCHI – 834002, JHARKHAND

**APPLICATION FORM**

**Advertisement No. 11.73.4.7/2025/Cont/01 Dated: 17.06.2025**

Affix recent colored  
passport size self  
attested photograph

1	<b>POST APPLIED FOR</b>									
	<b>POST CODE</b>				<b>Not Applicable</b>					
2	<b>NAME (IN CAPITAL)</b> (As appearing in matriculation certificate)									
3	<b>FATHER'S/ SPOUSE'S NAME</b>									
4	<b>GENDER</b> (Put a tick mark)	Male	Female	Others	<b>Marital Status</b> (Put a tick mark)			Married / Unmarried / Others (Please specify if Others)		
5	<b>DATE OF BIRTH</b>	D	D	M	M	Y	Y	Y	Y	<b>NATIONALITY</b>
6	<b>Age</b> (As on prescribed date in advertisement)	Year			Months			Days		
7	<b>CATEGORY</b> (Put a tick mark)	General	SC	ST	OBC (Non Creamy Layer)	EWS	(Attach documentary evidence)			
8	<b>Whether Person with Disability</b> (Put a tick mark)	Yes	No	If Yes, State the nature of Disability (OH/VH/HH/Others) ..... (Attach documentary evidence) % of disability.....						
9	<b>Whether Ex Servicemen</b> (Put a tick mark)	Yes	No	If Yes, indicate the following						
				Commissioned Officer		Short Service Commissioned Service/Emergency Commissioned Officer				
				Indian Army		Indian Navy		Indian Air Force		Others (please specify)

10	<b>Whether Meritorious Sportsperson</b> <i>(Put a tick mark)</i>	Yes	No
	<i>If Yes, whether represented in the following ((Put a tick mark)</i>		
	International competition / sports	National competition / sports	Inter University competition / sports
			State School Teams in National Sports by All India School Games Federation
			Awarded National Awards in Physical Efficiency under National Physical Efficiency Drive.
11	<b>Whether Domiciled in the State of Jammu &amp; Kashmir during the period 01.01.1980 to 31.12.1989.</b> <i>(Put a tick mark)</i>	YES	NO
12	<b>ACADEMIC AND PROFESSIONAL QUALIFICATIONS (Starting from Matriculation)</b>		
	Name of Examination passed	Whether full time / part time/ correspondence	Duration of the course
			Name of the Institution / University
			Main Subjects/ Specialization
			Month & year of passing *
			Grade# / % marks & Class/ Division
<p>* Date of declaration of result/ date of issue of final semester marks sheet/ provisional certificate/ degree, whichever is earlier will be considered as the date of passing the examination. Please provide complete information. Use separate Annexure/sheet if required.</p> <p>#Equivalent % to be mentioned in bracket.  <i>(Please attach self attested copies of all certificates/ mark sheets)</i></p>			
13	<b>Details of additional qualification(s)/training(s) undergone (if any)</b>		
	Name of qualification/ Training Programme	Whether full time/ part time/ correspondence	Duration of the course/ Training Programme
			Name of the Institution/ University
			Main Subjects / Specialization / Training content
			Month & year of passing/ Training *
			Grade# / % marks & Class/ Division (if any)
<i>(Please attach self attested copies of all certificates/ Testimonials)</i>			
<p>#Equivalent % to be mentioned in bracket.</p>			

14	<b>MENTION DETAILS OF WORK EXPERIENCE AS APPLICABLE (IN CHRONOLOGICAL ORDER)</b>						
Name & address of the employer	Post held	Period				Job description in brief	Pay Scale/ Salary drawn per annum
		From	To	Total			
				Years	Months		
<b>Note:</b> Please attach self attested copy of experience certificate of each employer along with proof of salary drawn.							

15	ATTACH A SEPARATE SHEET AS ANNEXURE GIVING BRIEF ABOUT ACHIEVEMENTS MADE IN THE PRESENT ASSIGNMENT (NOT EXCEEDING 200 WORDS).		
16	<b>ADDRESS</b> (Please give full postal address with postal pin no.)		
	<b>FULL ADDRESS, CONTACT NO., FAX NO. &amp; E-MAIL OF PRESENT EMPLOYER, IF EMPLOYED</b>	<b>PRESENT ADDRESS OF THE CANDIDATE</b>	<b>PERMANENT ADDRESS OF THE CANDIDATE</b>
<b>MOBILE NO. OF CANDIDATE :</b>		<b>E-MAIL OF CANDIDATE:</b>	

I hereby certify that the information provided above is true to the best of my knowledge and in case any information as above is found to be false or in-correct or suppressed at any stage, I understand that I am liable to be terminated from the services of MECON Limited forthwith without prejudice to any other legal and disciplinary action as deemed fit by the Management.

Place: .....

Date: .....

**(Signature of the Applicant)**

**For Office Use Only**

Date of Birth verified	Educational Certificate(s) checked	Work Experience verified	Category (SC/ST/OBC/ EWS /PWD/ Ex Servicemen/ Sportsperson) Certificate verified, if any	Remarks

**Name :**

**Designation:**

**(Signature of Verifying officer)**