



MOIL LIMITED

(A Government of India Enterprise)

MOIL Bhavan, 1-A, Katol Road, NAGPUR-440 013

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Application for the post of _____

D.D No.-----

Date: -----

1. Name (In full) (*) : _____

2. Father's/Husband's Name (*) : _____

3. Date of Birth (*) : _____
(In figures & words)

4. Age as on 07/10/2026 (in completed years) : _____

5. Gender: (Male/Female/Transgender) (*) : _____

6. Nationality & Religion: _____

7. Category (UR/EWS/OBC/SC/ST (*) : _____
Ex-Serviceman/ PWD/Minority).

Caste : _____

8. Address for Communication (*) : _____

9. Permanent address (*) : _____

10. E-Mail ID (*) : _____

Mobile No. : _____

Landline with STD Code : _____

11. Marital Status: Married/Unmarried

If married, Name of spouse: _____

No. of Children : Son(s) _____

Daughter(s) _____

12. State of Origin : _____

Domicile: _____

13. Are you working with Govt./Public Sector: _____

14. If yes, are you enclosed NOC: _____

15. Qualification (In descending order) (*) :

Degree/Diploma (**)	Yr. of passing	University/ Instt.	Division & % of Marks	Remarks

(**) Please provide self-attested certificates

16. Experience (Starting from last Employer) (*):

Sr. No.	Name of the Organization(**)	Designation	FromDate	To Date	Scale of Pay and Total Emoluments (**)	Nature of Duties

(**) Please provide Documentary Evidences

17. Academic Achievements : 1. _____

(Like merit, scholarship, awards etc.) 2. _____

3. _____

18. Professional papers (submitted if any) : 1. _____

2. _____

19. Details of training undergone : 1. _____
(India/ Abroad) 2. _____
20. Membership of any : 1. _____
Professional Bodies 2. _____
3. _____
21. Any other details : _____
22. No. of Certificates attached (Please attach self-attested copies of certificates) : _____
23. (i) Have you been arrested at any time (*) : Yes/No
(ii) If Yes, give Details: _____

24. (i) Have you been convicted for any offence **or**
Any case is pending against you in any court of law (*): Yes/No
(ii) If Yes, give Details: _____

25. Have you ever been dismissed or removed from service by your past Employer (*)
If so, please furnish details : _____

26. Languages known :

Sr. No.	Language	Read	Speak	Write
1				
2				
3				

27. Two professional references (Other than relatives)(Name, Address, Contact No.)
- i. _____
- ii. _____

(*) Compulsory to be filled up

DECLARATION

I, _____ do hereby declare that the information given above is true to the best of my knowledge and belief and no factual information has been suppressed.

Name : _____

Signature : _____

Place : _____

Date : _____