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MOIL LIMITED

(A Government of India Enterprise)

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

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 18/03/2025 (in completed years) : _____

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

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. _____

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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 : _____