

NATIONALPROJECTSCONSTRUCTIONCORPORATIONLIMITED (A Government of India Enterprise) SOUTH EASTERNZONALOFICE

Plot no VII-H/166, Sailashree Vihar, Bhubaneswar-751021, Odisha. Ph:-0674-3510414 Email ID – <u>npccbbsr@gmail.com</u>.

АТ	SEZO/Contract Basis/2025 TION FOR THE POST OFON CONTRACT BASIS								5	Affix Re Pas S Co Photo								
1. 「	NameofCa	andida	ate(as	sreco	rdedir	requ	ivale	ntce	rtific	ate)								
															+			
2 2	Father's N	ame(a	as reco	orded	lin Ma	atricu	lation	or en	uival	ent c	ertifi	cate	١٠					
	Tuttle! 3 N		1	- I				1	1			Cate	,.					
3.	Mother's Name(as recorded in Matriculation or equivalent certificate)																	
4	Sex(Male/Female): 5.Religion:																	
6.	Marital Status (If married, name of spouse)								(Spouse Name &Nationality)									
	Married Unmarried																	
7.	a).Date of Birth: b).Birth							Place/District: c).Birth State/UT:										
		М	М	Y Y	′ Y	Υ												
d).N	ationality:									e).Mother Tongue:								
f).A	Age as on	date((i.e. 3	31.01	1.202	5): `	ears			Mor	nths	5	D	ays				
8.	a).Domicil	b).Blood G					iroup			c).Identification Marks								
	,																	
0	NA/leastleastle	.1					ı											
9.	Whether belongs to:							T T										
	SC	C ST			OBC			OBC(NCL)			Minority		PWD		E	EWS	Į	JR
10	. Languages	Know	vn:	I			•						•		1			
	Language				Read				Write					Spea			k	

11	Academic	/Professional	Qualifications:
	Academic	/ FIUI ESSIUITAI	Qualifications.

S.No.	Name of Examination	Year of Passing	University/Boa	rd Sul	bjects	Marks obtained	% of marks
12. High	est qualification in Hin	di:					
	ning received if an						
	erience(Please give						
Name of		Post Held		om	То	Job Description	
Organ	ization						
15. Corı	respondence Addr	ess:					
16 Perr	manent Home Ado	lress:	PIN		Phor	ne No.:	
	Transfer Frome 7 de						
			PIN		Phor	ne No.:	
17 DAN	LNI-						
17. PAN							
	lhar Card No.:						
	ordian/Emergency	Contact No.:					
	tact Mobile No.:						
	d E-Mail ID:						
	sport No.:		Valid upto_			_	
13. Anv	other information	1:					

23. Any other information:

Note: Information must be filled against each column clearly in case in complete application, the same will not be considered.

I solemnly declare that the above information is true/ correct and I understand that in the event of the information found to be in correct after my appointment, I shall be liable to be dismissed from service.

Date: