



Chief General Manager (HR Acquisitions)
HR Acquisitions Department, FHQ
Oil India Limited

APPLICATION FORMAT

1.	Post applied for			Please affix your recent passport size coloured photograph
2.	Post code			
3.	Name in full (in capital letters)	A) First name		
		B) Middle name		
		C) Surname		
4.	Gender (please tick)	Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>		
5.	Date of birth (dd/mm/yyyy)	____/____/____		
6.	Father's name			
7.	Mother's name			
8.	PAN No.			
9.	Nationality			
10.	Marital status			
11.	Aadhaar No.			
12.	Caste Category, As applicable Category (please tick)	A)	GEN <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/>	
		B)	SC/ST/OBC Certificate No. _____ DATE: _____	
	I. Whether belongs to Non-Creamy Layer Category (NCL) (please tick)	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, NCL Certificate no. _____ Date: _____		
	II. Whether belongs to Economically Weaker Section (EWS) (please tick)	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, EWS Certificate no. _____ Date: _____		

13.	I. Whether Persons with Benchmark Disabilities (PwBD) (please tick)	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Disability certificate no. _____ Date: _____				
	II. If yes, please state the category of persons with disabilities (PwBD)	_____ <i>(as per advertisement, post identified suitable for PwBD for following:</i> <i>a) HH b) OL, BL, CP, LC, Dw, AAV</i> <i>c) MD involving (a) to (c) above</i>			III. Percentage of disability (%): _____ %	
14.	I. Whether ex-Serviceman (please tick)	Yes <input type="checkbox"/> No <input type="checkbox"/>				
	II. If yes, following details	Date of Enrollment in Defence	Date of Discharge from Defence	Name of Zila Sainik Welfare Office	Registration No.	Date of Renewal
15.	Educational qualification (as applicable)		College/ Institution/ University	Specialization/ Discipline	Year of passing	Percentage of marks obtained/ CGPA/division
	Graduation					
	Post-graduation					
	Others (if any)					
	Any other academic details					
	Member of professional bodies					
16.	Experience, If any	Name & address of organization	Position/ Designation & Grade held	Period of Service		Nature of duties
				From	To	
	I. For experience details, please attach a separate sheet in this format covering all the above headings. Self-attested experience certificates are also to be attached.					
	II. Are you working in a Government Departments/ PSUs/ Autonomous Bodies as on 15/07/2025:			Yes <input type="checkbox"/> No <input type="checkbox"/>		
III. If yes, do you have at least one-year experience in the PayScale of ₹80,000-2,20,000 (IDA) or in an equivalent PayScale or in a higher scale of pay:			Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes: Please Specify the date: From _____ To _____ Present Payscale _____ to _____ Present Basic Pay _____			

