

भारत कोकिंग कोल लिमिटेड
(कोल इण्डिया लिमिटेड की एक अनुषंगी कंपनी)
Bharat Coking Coal Limited
(A Subsidiary of Coal India Limited)
(एक मिनीरत्न कंपनी / A Miniratna Company)
उपक्रम / A Government of India Undertaking)

दिनांक:

(A Subsidiary of Coal India Limited)

Koyla Bhawan, Koyla Nagar, Dhanbad-826005

- To be filled by Black ball point pen in Block letters only (No Whitener/Cut Marks)-

For Office Use Only:			
Application Form No		Roll No	
Date of Receipt			

**Affix Passport size
coloured
Photograph here
Photograph should
be self signed and
attested by
Gazetted Officer.**

To be filled by candidates carefully-

- 1. Employment Notice no & Date:**

- 2. Aadhar-Card No. of applicant-**

[illegible]

- 3. Name of the Candidate (IN BLOCK LETTERS) as recorded in Matriculation Certificate**

First Name:

[illegible]

Middle:

[illegible]

Surname:

[illegible]

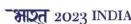
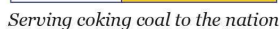
- 4. Date of Birth:**

D	D	M	M	Y	Y	Y	Y

5. Age as on: Years.....Months..... Days.....

- 6. Gender- Male/Female/Other**

- 7. Caste:**



(कोल इण्डिया लिमिटेड की एक अनुषंगी कंपनी)

(A Subsidiary of Coal India Limited)

(एक मिनीरत्न कंपनी / A Miniratna Company)

(भारत सरकार का उपक्रम / A Government of India Undertaking)

दिनांक:.....

9. Address for correspondence: (IN BLOCK LETTERS)

PIN

PIN

12. Category:

OBC

(Non Creamy Layers)

(Designation of Issuing Authority)

Sl. No	Examination Passed	Name of Board/ University	Duration of the course (in Years)	Month & Year of Passing	Percentage of Marks Obtained	Division

पत्र संख्या / संदर्भ :

दिनांक:

15. Details of Statutory Certificates: (Attach Duly Attested copies of Certificates)

Sl. No	Statutory Certificate	Certificate No	Issued By	Issued On (Date)	Validity of Certificate	
					From	To

16. a. Details of employment, starting from the most recent:

SL. No.	Name of the Organization	Post Held	From	To	Total Years, Months)	Scale of pay	Adhoc /Temp./ Permanent	Nature of Duties

b. Whether presently working in Government / Semi Government /State Govt. / PSU:

YES ☐ NO ☐
c. Whether previously applied for any post in BCCL or any Subsidiary of CIL

YES ☐ NO ☐

If yes, please provide following details:

पत्र संख्या / संदर्भ :

दिनांक:

POST	Roll No	Company	Whether Selected	
			YES	NO

d. Particulars of Demand Draft: (If applicable)

Demand Draft No	Date of Issue								Issuing Bank	Payable at	Rs.
	D	D	M	M	Y	Y	Y	Y			

17. (a) Mobile No.....`.....
(b) E- mail ID.....
Declaration:

I do hereby declare that all the statements made in this application are true to the best of my knowledge and belief. In the event of any particular or information, furnished by me, found false or incorrect at any stage , my candidature for the examination is liable to be rejected or cancelled and in the event of any statement /information found false even after appointment, my services are liable to be terminated without any notice.

Place-

Date-

(Signature of the Candidates)