ANNEXURE-IV

HOOGHLY COCHIN SHIPYARD LIMITED Howrah - 711 109



APPLICATION FORMAT

(Use Block Letters only)

Affix recent Passport size Photograph here

ADVT. NO.

(Please fill up this form with utmost care)

Post Ap	plied for :					
(A)	Personal Details					
1.	Name (as appears in SSC certificate)					
2.	Father's Name :					
•						
3.	Date of Birth : DD MM YY					
4.	Age as on : 13-03-2024					
٦.	Year Month Days					
5.	Sex (write M or F):					
6.	Marital Status: Unmarried Married					
7.	State of Domicile :					
8.	Category (Gen./SC/ST/OBC/EWS)					
(B)	Are you physically handicapped: Yes/No If yes, please mention the details as follow: Type of Disability: Extent of disability as specified in the disability certificate: CORRESPONDENCE ADDRESS:					
	City/Town State Pin Code					
	City/Town State Pin Code Mobile					
>						
(C)	City/Town State Pin Code Tel. No. with STD Code Mobile					
	E-mail ID, if any					

					<u>A1</u>	NNEXURE-IV			
ACADEMI	C PERFORMANCE:								
Basic Qua	lifications:								
Exam	Institution/	Branch of	Duration	Month &	Aggregate	Full Time/			
Passed	University/	Specialization	on of Study	Year of	% Of	Part Time/			
	Board			Passing	Marks	Corresponder	nce		
				MM/YYYY					
Professional Qualification (Please mention qualification which makes you eligible):									
Exam	Institution/	Branch of	Duration	Month &	Aggregate	Full Time/			
Passed	University/	Specialization	on of Study	Year of	% of	Part Time/			
	Board			Passing MM/YYYY	Marks	Corresponder	ıce		
Additional	Qualification, if Any:				T	<u> </u>			
DETAILS C	NE EXPERIENCE (If r	equired blea	se attach sen	arate sheet)					
DETAILS OF EXPERIENCE (If required, please attach separate sheet) Teaching experience and training period including Induction training will not be counted as									
experienc		01			0				
Name of	T	Scale of	Dui	ration	Nature	e of Reason	٦		
Organiza		 	From	То	Dutie				
		1	MM,YYYY	MM,YYYY		leaving			
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Year

Month

Post Qualification Experience :

(F) <u>WHETHER DEPARTMENTAL CANDIDATE:</u> Yes/No

Declaration:

I affirm that the information given in this application is true and correct to the best my knowledge and belief. I further undertake that if at any stage it is discovered that an attempt has been made by me willfully to conceal or misrepresent the facts, my candidature/appointment shall be summarily rejected or terminated without any notice.

Place:	
Date:	Signature of Applicant

Please Enclose:

- 1. Proof of SC/ST/OBC/EWS/PwBD Certificate (If applicable).
- 2. Certificates in support of age, education qualifications, experience, Salary Slip etc.
- 3. Please write Advertisement No., Category and post applied for on the top of the envelope.
- 4. Please attach a sheet in your own handwriting giving justification as to why you consider fit for the post applied for in maximum 300 words.
- 5. Certificates in support of proof of candidate's claim as belonging to EWS.

NOTE: LAST DATE FOR RECEIPT OF APPLICATIONS: 13th March 2024.