	HINDUSTAN AERONAUTICS LIMITED Avionics Division, Korwa **Application Form** **SPECIAL RECRUITMENT DRIVE (SC-Ex SERVICEMEN (SRD))/SC- 2022** (Please fill the Application form in **CAPITAL LETTERS** only) **APPLICATION FOR THE POST OF …….** **Advt. No. A/137/HR-R/SC-SRD/2022/1 dated----**	Paste Self-Attested recent passport size colour photograph

1	**Name (IN BLOCK LETTERS)**	
2	**Gender**	
3	**Father's Name**	
4	**Mother's Name**	
5	**Date of Birth & Age on …….**	
6	**State of Domicile and Nationality**	
7	**Contact/Mailing Address** …… …… …… …… PIN Code …… Phone No. (with STD Code)…… Mobile No…… Email ID: ……	**Permanent Address** …… …… …… …… PIN Code …… Phone No. (with STD Code)…… Mobile No…… Email ID……

Signature of the Candidate _____

8	Nearest Railway Station		
9	Religion		
10	Were you domicile of J&K during the period from 01.01.1980 to 31.12.1989? (Copy of Certificate to be produced at the time of document verification).	Yes /No	
11	Circle the Category (copy of Certificate to be produced at the time of Document Verification in case of SC/ST/OBC/EWS)	SC / ST/ OBC/ EWS /GEN	
12	Are you a Person with disability (PWD)? If so, mention the category of disability (VD/OD/HD) (Copy of certificate to be produced at the time of Document verification)	Yes / No VD/OD/HD/Benchmark Disability to be mentioned.	
13	a) Are you an Ex-Serviceman ? If yes, mention the last Rank held and the no. of years served in the Rank. b) Are you Serving Officer in the Armed forces ? If Yes, mention the present Rank and the no. of years completed in the Rank.	Yes / No. ……. Yes / No …….	

14	Have you been Interviewed by HAL any time earlier?. (If yes, please give the details of the post for which you have been interviewed as also date/year/venue. If yes: Post Interviewed Date of Interview Venue of Interview	Yes / No ……. ……. …….

15	Are any of your close relatives working in HAL ? If yes, provide details of Name, Designation, Division etc.	
16	Have you ever been a Member/Worker of any Political Party/Organisation or participated in any Political activities ? If 'Yes" please give the following details: a) Name of the Political Party/Organisation b) Particulars of Political Activity (if any) c) Period of Membership (from year)/year of participation in Political Activity. d) Nature of Participation in Political Activity. e) Office, If any, held in Political Party.	

17. EDUCATIONAL QUALIFICATION: (Academic and professional- from SSLC onwards)

Name of Qualification with specialization wherever applicable.	Institution / University	Nature of the course (Full Time/Part Time Correspondence)	Duration of the Course	Subjects/ specification	Class / Division	Month & Year of the passing	Percentage obtained*
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

(Note: please give full & complete information)

*Where ever CGPA ratings/Gradations is awarded, equivalent percentage of marks should be indicated as per the norms adopted by the University / Institute. A Certificate from the respective University / Institute to this effect should be attached along with this application form.

18. Details of Training undergone in the last 5 years

Name of Programme	Institution/Organisation	Duration of the Training	
		From (dd/mm/yy	To (dd/mm/yy)

(Use separate sheets, if required)

19. Professional Experience from the first Job onwards to Current Job, in Chronological order.

Sl No.	Designaton	Organisation	Central/Govt. / PSU/Private	Period		Pay Scale / Gross Pay	Reason of the leaving
				From dd/mm/yyyy	To dd/mm/yyyy		

(Note: Please give complete details for the experience profile like Date, Month & Year. Use separate sheets if required).

20. Details Picture of the Position currently held by you. (to be typed in about 100 words on a separate sheet and enclosed to the application with your name legibly written on the top of the paper)

21. No. of years of Post Professional Qualification Experience you possess (in completed years):

22. Present Scale of Pay…… Basic Pay……..

DA……..Gross Pay …….

23. Date of seniority (From Date in Present Grade/Post)

24. Pay Expected …….

25. If selected, how soon can you join. ……

26. Pen picture of professional experience, achievements and significant contribution in the field. (To be typed in about 100 words on a separate sheet and enclosed to the application with your name legibly written on the top of the paper)

27. Details of application fee paid.

Name of SBI Branch/Bank	Branch Code	Date	Amount

(Copy of Challan "HAL copy" to be enclosed with the application)

DECLARATION

I hereby declare that the above statements are true & complete to the best of my knowledge and belief. I understand that in the event the information is found to be false or incorrect, my candidature/appointment may be considered as terminated without any notice.

Place: Signature of the Candidate
Date:

Note: The candidate is required to fill up all the columns. Application will be rejected if any column is left blank, not filled or incomplete. No correspondence will be entertained.

The candidate should not attach any documents with the application blank other than the specified one in the application blank.

Annexure- I

UNDERTAKING/DECLARATION

From:
(Name & Address of the candidate)

……

……

……

To,

DGM (HR)
Hindustan Aeronautics Ltd.
Avionics Division,
KORWA

Sir,

Sub: Selection for the post of …….
Ref: Advt. No…….… Date ….…….

I have applied for the above mentioned post vide my application dated …… On clearing the Written Test held on ……., I have now been called for the Document Verification.

2. In this connection, I hereby declare that the qualifications possessed by me as on the date of submission of the application are the following (to indicate from SSLC onwards):-

Sl.No.	Qualification Name	Institute /University /Board	Month & year of passing	% of Marks & class obtained	Duration of the Course	Full Time /Part Time /Correspondence

3. Further, I have been pursuing the following qualification as on the date of submission of the application also:

Sl.No.	Qualification Name	Institute /University /Board	Month & year of joining the Course	Duration of the Course	Full Time/ Part Time/ Correspondence	Present status of completion of the course.

4. It is declared that I do not possess any qualification (lower or higher) other than those indicated at Para-2 above. Similarly, I am not pursuing any qualification other than those indicated at para-3 above.

5. I understand that non declaration of any qualification possessed by me will render my selection null & void as and when it comes to the notice of the Company and that my selection will be rejected & service terminated. I also understand that this will be applicable for my entire length of service in the Company.

Signature: …….……..

Name : …….……..

Place:

Date

Annexure C

FORM OF CERTIFICATE TO BE PRODUCED BY THE CANDIDATES BELONGING TO SCHEDULED CASTE/SCHEDULED TRIBE

This is to certify that Shri/ Shrimathi*/ Kumari* _____Son/daughter* of _____ of Village/town*_____ in District/Division*_____ of the State/Union Territory*_____ belongs to the _____Caste/ Tribe, which is recognized as a Scheduled Caste / Scheduled Tribe* under:

*The Constitution (Scheduled Castes) order 1950
*The Constitution (Scheduled Tribes) order 1950
*The Constitution (Scheduled Castes)(Union Territories) order 1950
*The Constitution (Scheduled Tribes) (Union Territories) order 1951

{As amended by the Scheduled Castes and Scheduled Tribes lists(Modification Order, 1956, the Bombay Reorganization act, 1960, the Punjab Reorganization Act, 1966, the state of Himachal Pradesh Act 1970, the North-Eastern areas (Reorganization) Act, 1971 and the Scheduled Castes and Scheduled Tribes orders (Amendment) Act 1976}

*The Constitution (Jammu and Kashmir) Scheduled Castes order 1956
*The Constitution (Andaman and Nicobar Islands) Scheduled Tribes order 1959 as amended by the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act 1976;
*The Constitution (Dadra and Nagar Haveli) Scheduled Castes order 1962
*The Constitution (Dadra and Nagar Haveli) Scheduled Tribes order 1962
*The Constitution (Pondicherry) Scheduled Castes order 1964
*The Constitution (Scheduled Tribes) (Uttar Pradesh) order 1967
*The Constitution (Goa, Daman and Diu) Scheduled Castes order 1968
*The Constitution (Goa, Daman and Diu) Scheduled Tribes order 1968
*The Constitution (Nagaland) Scheduled Tribes order 1970
*The Constitution (Sikkim) Scheduled Castes order 1978

2. Shri / Shrimathi / Kumari*_____and/or * his/her* family ordinarily reside(s) in village/town* _____ of _____ District/Division* of the state/Union Territory* of _____

Signature_____
Designation_____
(With seal of office)
State / Union Territory

Place _____
Date _____

* Please delete the words, which are not applicable

Note : The term " Ordinarily resides" used here will have the same meaning as in section 20 of the Representation of the People Act 1950.

Annexure – E1

Disability Certificate (FORM –V)

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in case of blindness)

[See rule 18(1)]

(Name and Address of the Medical Authority issuing the Certificate)

Recent passport size attested photographs (Showing face only) of the person with disability

Certificate No……. Date:……..

This is to certify that I have carefully examined Shri / Smt. /Kum._____ _____son /wife /daughter of Shri _____ Date of Birth (DD/MM/YYYY) _____ Age _____ years, male/ female _____ registration No. _____ Permanent resident of House No. _____ Ward/Village/Street _____ Post Office _____ District _____ State _____, whose photograph is affixed above, and am satisfied that:

(A) he/she is a case of:
- locomotor disability
- dwarfism
- blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is _____

(A) he/she has _____ % (in figure) _____ percent (in words) permanent locomotor disability/dwarfism/blindness in relation to his/her _____ (part of body) as per guidelines (……number and date of issue of the guidelines to be specified).

2. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

Signature/thumb impression of the person in whose favour certificate of disability is issued

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Annexure – E2

Disability Certificate (Form – VI)
(In case of Multiple Disabilities)
[See rule 18(1)]
(Name and Address of the Medical Authority issuing the Certificate)

Recent passport size attested photographs (Showing face only) of the person with disability

Certificate No……. Date:……

This is to certify that I have carefully examined Shri/ Smt./ Kum._____ _____ son /wife /daughter of Shri _____ Date of Birth (DD/MM/YYYY) _____ Age _____ years, male/ female _____ _____ .

Registration No. _____ permanent resident of House No. _____ Ward/Village/Street _____ Post Office _____ District _____ State _____, whose photograph is affixed above, and am satisfied that:

(A) he/she is a case of Multiple Disability. His/her extent of permanent physical impairment/ disability has been evaluated as per guidelines (……number and date of issue of the guidelines to be specified) for the disabilities ticked below, and is shown against the relevant disability in the table below:

Sl.No.	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@		
2	Muscular Dystrophy			
3	Leprosy cured			
4	Dwarfism			

5	Cerebral Palsy			
6	Acid attack Victim			
7	Low vision	#		
8	Blindness	#		
9	Deaf	£		
10	Hard of Hearing	£		
11	Speech and Language disability			
12	Intellectual Disability			
13	Specific Learning Disability			
14	Autism Spectrum Disorder			
15	Mental illness			
16	Chronic Neurological Conditions			
17	Multiple sclerosis			
18	Parkinson's disease			
19	Haemophilia			
20	Thalassemia			
21	Sickle Cell disease			

(B) In the light of the above, his/her over all permanent physical impairment as per guidelines (……..…….number and date of issue of the guidelines to be specified), is as follows :

In figures : - ---------- percent

In words :- ---------- percent

2. This condition is progressive/non-progressive/likely to improve/not likely to improve.

3. Reassessment of disability is :

1) Not necessary, or

2) Is recommended /after…….. year…… months and therefore this certificate shall be valid till --------- --------- ---------

(DD) (MM) (YYYY)

@ e.g. Left/right/both arms/legs

e.g. Single eye

£ e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:-

Nature of document	Date of issue	Details of authority issuing certificate

5. Signature and seal of the Medical Authority.

Name and Seal of Member	Name and Seal of Member	Name and Seal of the Chairperson

Signature/thumb impression of the person in whose favour certificate of disability is issued

Annexure – E3

Disability Certificate (Form – VII)

(In cases other than those mentioned in Forms V and VI)

(Name and Address of the Medical Authority issuing the Certificate)

(See rule 18(1))

Recent passport size attested photograph (Showing face only) of the person with disability

Certificate No. …….. Date: ……

This is to certify that I have carefully examined Shri / Smt / Kum _____ _____ Son / wife / daughter of Shri _____ Date of Birth (DD/MM/YYYY)_____ _____ ____ Age _____ years, male/female _____ Registration No. _____ permanent resident of House No. _____ Ward/Village/Street _____ Post Office _____ _____ District _____ State _____, whose photograph is affixed above, and am satisfied that he/she is a case of _____ disability. His/her extent of percentage physical impairment/disability has been evaluated as per guidelines (……....number and date of issue of the guidelines to be specified) and is shown against the relevant disability in the table below:-

Sl. No	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@		
2	Muscular Dystrophy			
3	Leprosy cured			
4	Cerebral Palsy			
5	Acid attack Victim			

6	Low vision	#		
7	Deaf	€		
8	Hard of Hearing	€		
9	Speech and Language disability			
10	Intellectual Disability			
11	Specific Learning Disability			
12	Autism Spectrum Disorder			
13	Mental illness			
14	Chronic Neurological Conditions			
15	Multiple sclerosis			
16	Parkinson's disease			
17	Haemophilia			
18	Thalassemia			
19	.Sickle Cell disease			

(Please strike out the disabilities which are not applicable)

2. The above condition is progressive / non-progressive / likely to improve / not likely to improve.

3. Reassessment of Disability is

(i) Not Necessary, Or

(ii) Is recommended / after_____years_____ months and therefore this certificate shall be valid till _____ (DD/MM/YYYY).

@ e.g. Left / Right / Both arms / Legs

e.g. Single eye / Both eyes

£ e.g. Left / Right / Both ears

4. The applicant has submitted the following documents as proof of residence:

Nature of Document	Date of issue	Details of authority issuing Certificate

(Authorised Signatory of notified Medical Authority)
(Name and Seal)

Countersigned
{Countersignature and seal of the Chief Medical Officer/Medical Superintendent/ Head of Government Hospital, in case the Certificate is issued by a medical authority who is not a Government servant (with seal)}

Signature/thumb impression of the person in whose favour certificate of disability is issued

Note- In case this certificate is issued by a medical authority who is not a Government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District.