


Annexure-I

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|  | <p>HINDUSTAN AERONAUTICS LIMITED Avionics Division, Hyderabad Application Form SELECTION FOR THE POST OF ASSISTANT ENGINEER (Please fill the Application form in CAPITAL LETTERS only)</p> <p>APPLICATION FOR THE POST OF(.....) Advt. No. HAL/HD/HR/TM/GRI/2024 dated 17.04.2024</p> | Paste Self-Attested recent passport size colour photograph |
|---|--|--|

| | | | |
|-----|---|---------------------------|------------------|
| 1. | Name (IN BLOCK LETTERS) | | |
| 2. | Gender | Male/Female/Others | |
| 3. | Father's Name | | |
| 4. | Mother's Name | | |
| 5. | Spouse Name (if married) | | |
| 6. | Date of Birth & Age as on 08.05.2024 |(dd/mm/yyyy) | __ Yrs. __ Mths. |
| 7. | State of Domicile and Nationality | | |
| 8. | Email Id | | |
| 9. | Contact / Mailing Address | Permanent Address | |
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| | | | |
| | | | |
| |Pin Code..... |Pin Code..... | |
| | Phone No (with STD Code): | Phone No (with STD Code): | |
| | Mobile No: | Mobile No: | |
| 10. | Nearest Railway Station (i.r.o the Contact / Current residential Address) | | |
| 11. | Religion | | |
| 12. | Please opt the Language for Written Test | English/Hindi | |

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|-----|--|---|
| 13. | 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 |
| 14. | Circle the Category (copy of Certificate to be produced at the time of Document Verification) in case of SC/ST/OBC-NCL/EWS | SC / ST / OBC / EWS / GEN |
| 15. | Are you a Person with Disability (PwBD)? If Yes, (a) Circle the category of Disability (b) Mention % of Disability (copy of Certificate to be produced at the time of Document Verification) | Yes / No HOH/OL/SDD or SID, SD or SI ----- |
| 16. | (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 ----- |
| 17. | Have you attended any Written Test/Interview of HAL earlier? If Yes: For the post of : Month/Year of Written Test: Venue of Written Test: | Yes / No ----- ----- ----- |
| 18. | Is any of your close relative(s) working in HAL? If yes, provide details: (a) Name (b) Designation (c) Division, etc. | Yes / No ----- ----- ----- |
| 19. | 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 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: | Yes / No ----- ----- ----- ----- ----- |

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| 20. | Are you working presently? : If Yes, please furnish the details: (a) Name of the Employer (b) Present Designation (c) Working Since (Date) (d) Present scale of pay (e) Basic Pay (f) DA (g) HRA | Yes / No ----- ----- ----- ----- ----- ----- ----- |
|-----|--|---|

21. EDUCATIONAL QUALIFICATION: (Academic and Professional – from SSLC onwards)

| Name of Qualification with specialization wherever applicable | Institution/ University/ Board | Nature of the Course (Full Time/ Part Time/ Correspondence) | Duration of the Course | Subject s/ Specification | Class / Division | Maximum Marks | Marks Obtained | % of Marks | Month & Year of Passing |
|---|--------------------------------|---|------------------------|--------------------------|------------------|---------------|----------------|------------|-------------------------|
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) |
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(Note: Please give full & complete information. Any qualifications/course presently pursuing/continuing is also to be indicated. Use separate sheets if required.)

22. Professional Experience (if any) from the First Job onwards to Current Job
(chronological order):

| Sl.No. | Designation | Organisation | Central Govt/ PSU / Private | Date | | Pay Scale | Gross Pay | Reasons for Leaving |
|--------|-------------|--------------|-----------------------------|-------------------|-----------------|-----------|-----------|---------------------|
| | | | | From (dd/mm/yyyy) | To (dd/mm/yyyy) | | | |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
| | | | | | | | | |
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(Note: Please give complete details for the experience profile like Date, Month & Year. Use separate sheets if required.)

23. If selected, how soon can you join? _____

24. Details of Application fee paid: DD No. _____, Date: _____
(Original DD to be enclosed with the application)

I hereby declare that the above statements are true and 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:

Date:

Signature of the Candidate

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 other than the specified one. The Original Certificates will however be scrutinized / verified at the time of Document Verification.

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 | | | |

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|-----|---------------------------------|--|--|--|
| 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)

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

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)}

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.

Annexure B

**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)

Place _____

State / Union Territory

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 C

**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD
CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER THE
GOVERNMENT OF INDIA**

This to certify that Shri / Smt / Kumari _____, son /
daughter of _____, of Village / Town _____ in District / Division
_____ in the State / Union Territory _____

belongs to the _____ Community which is recognized as a Backward Class under
the Government of India, Ministry of Social Justice and Empowerment's
Resolution No. _____, dated _____. Shri / Smt / Kumari
_____ and / or his / her family ordinarily reside(s)
in the _____ District / Division of the State / Union
Territory. This is also to certify that he/she does not belong to the
persons/sections (Creamy Layer) mentioned in column 3 of the Schedule to the
Government of India, Department of Personnel and Training O.M.No.
36012/22/93- Estt. (SCT), dated 8-9-1993**.

District Magistrate,
Deputy Commissioner, etc.

Dated :

Seal

* The authority issuing the certificate may have to mention the details of
Resolution of Government of India, in which the caste of the candidate is
mentioned as OBC.

** As amended from time to time

Note: The term 'Ordinarily' used here will have the same meaning as in Section
20 of the Representation of the people's Act, 1950

**DECLARATION TO BE FURNISHED BY CANDIDATES SEEKING
RESERVATION AS OBC**

To:

The Dy. General Manager (HR)/ Chief Manager (HR) / Senior Manager (HR)

Sub:- Selection for the post of _____

Respected Sir,

“I _____ son / daughter
of Shri _____ resident of village /Town /
City _____

Dist _____ State _____ hereby
declare that I belong to the _____ community which is
recognized as Backward Class by the Government of India for the purpose of
reservation in services as per orders contained in Department of Personnel &
Training Office Memorandum No.36012/22/93-Estt.(SCT) dated 8.9.1993, It is
also declared that I do not belong to Persons/sections (creamy layer)
mentioned in column 3 of the Schedule to the above-referred Office
Memorandum dated 8.9.1993.”

2. I further declare that I have been selected and offered the above said post
provisionally which is reserved for the persons belonging to OBC Non Creamy
Layer Category. I know that my appointment to this post is provisional and is
subject to the community certificate being verified through the proper channels
and if the verification reveals that my claim to belong to Other Backward Class or
not to belong to Creamy Layer is false, my services will be terminated forthwith
without assigning any further reasons and without prejudice to such further
action as may be taken under the provisions of the Indian Penal Code for
production of false caste certificate.

Thanking you,

Yours faithfully,

Signature of the candidate