

Appendix A



Hindustan Aeronautics Limited
Division/Office:

Paste Self
 attested recent
 passport size
 photograph

APPLICATION FOR THE POST OF

Advt No. _____ dated _____

1	Name (IN BLOCK LETTERS)	
2	Gender	
3	Father's Name	
4	Mother's Name	
5	a) Date of Birth b) Age as on 01.08.2021	a) _____ b) _____
6	State of Domicile and Nationality	
7	Contact/ Mailing Address	Permanent Address
 Phone No(with STD Code): Mobile No: Email ID: Phone No(with STD Code): Mobile No: Email ID:
8	Nearest Railway Station	
9	Religion	
10	Were you domicile of J&K during the period from 01.01.1980 to 31.12.1989? <i>(copy of Certificate to be produced at the time of Interview)</i>	Yes/ No
11	Circle the Category [<i>copy of Certificate to be produced at the time of Interview in case of SC/ST/OBC (Non-Creamy Layer/EWS)</i>] a) Caste b) Sub-Caste c) Non-Creamy Layer (for OBC only)	SC / ST / OBC / EWS / GEN a) _____ b) _____ c) Yes / No

12	Are you a Person with Disability (PWD)? If Yes, circle the category of Disability (VD/OD/HD) <i>(copy of Certificate to be produced at the time of Interview)</i>	Yes/ No VD / OD / HD / Benchmark Disabilities to be mentioned
13	a) Are you an Ex- Serviceman? <i>If yes , mention the last Rank held and the no. of Years served in the Rank.</i> b) Are you Serving Officer in the Armed forces? <i>If yes, mention the present Rank and the no. of years Completed in the Rank.</i>	Yes/No Yes/No
14	Have you been interviewed by HAL any time earlier? <i>(If yes, please give the details of the post for which you have been interviewed as also date/year/venue)</i> 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/Organization or participated in any Political Activities? If 'Yes' please give the following details: a) Name of Political Party /Organization : 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)

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	Aggregate % of marks	Month & Year of Passing
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

(Note: Please give full & complete information. Use separate sheets if required)

18. Details of Training undergone in the last 5 years

Name of Program	Institution / Organization	Duration of the Training	
		From (dd/mm/yy)	To (dd/mm/yy)
(1)	(2)	(3)	(4)

(Use separate sheets, if required)

19. Professional Experience from the First Job onwards to Current Job (chronological order):

Sl. No	Designation	Organization	Central Govt/ PSU / Private	Date		Pay Scale	Gross Pay	Reasons for Leaving
				From (dd/mm/yy)	To (dd/mm/yy)			
(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)

20. Detailed 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. a) 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 the Bank	Branch Code	Transaction Reference Number	Date	Amount

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 blank other than the specified one in the application blank/Advertisement.

ILLUSTRATIVE CHECK-LIST FOR VERIFICATION OF DOCUMENTS

The following documents are to be produced by the candidate when reporting for Interview:

Sl.No.	Description	Whether requisite certificates are submitted (Yes or No)	Remarks of the Document Verification Officer
1	Certificate in support of Age		
2	SSLC/HSc Certificate		
3	Bachelor's Degree Certificate / Provisional Certificate (as per advertisement)		
4	Bachelor's Degree Mark Sheets of all the Semesters / Years		
5	Post Graduate Degree Certificate / Provisional Certificate (as per advertisement) as applicable		
6	Post Graduate Degree Mark Sheets of all the Semesters / Years as applicable		
7	Additional Qualification if any		
8	Caste Certificate(SC/ST/OBC-NCL) as applicable		
9	PWD Certificate (as applicable)		
10	Ex-servicemen (as applicable)		
11	Proof issued by the University for converting CGPA in to percentage (as applicable)		
12	No Objection Certificate (NOC) from present employer (as applicable)		

Contd.2/-

13	Relieving letter from present organization (as applicable)		
14	Experience Certificate (as applicable)		
15	Proof of Salary / Pay-Slip of the present organization (as applicable)		
16	Training Certificate (as applicable)		
17	Whether retired from Government / PSUs etc on VRS		
18	Undertaking if any		
19	Any other relevant documents		

Date:
Place:

Signature of Candidate:
Name:

(FOR OFFICE USE)

The original certificates as mentioned at Sl.Nos.1 to 19 (wherever applicable) have been verified. The attested photocopies of the same (wherever applicable) are also enclosed herewith.

Note: Original Certificate to be attached in case of Sl.No.12, if applicable.

Date:

Signature of the Verification Officer

Name:

Designation:

Division:

**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 Welfare, Resolution No. 12011/68/93-BCC (C), dated 10th September, 1993, published in the Gazette of India, Extraordinary, Part-I. Selection I, dated the 13th September, 1993*. 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

* 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

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.

CERTIFICATE OF DISABILITY (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 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/YY) _____ 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:

- locomotors 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 locomotors 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 and Seal of Authorised Signatory of
Notified Medical Authority)**

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

Appendix D

CERTIFICATE OF DISABILITY (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
Photograph
(showing face only)
of the Person with
Disability

Certificate No. _____

Date _____

This is to certify that we have carefully examined Shri/Smt./Kum. _____ son / wife / daughter of Shri _____ Date of Birth (DD/MM/YY) _____ 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.	Locomotors 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:

(i) not necessary, or

(ii) is recommended /after..... year..... months and therefore this certificate shall be valid till -----

(DD) (MM) (YY)

@ 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 favor certificate of disability is issued

CERTIFICATE OF DISABILITY (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
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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/YY)_____ 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.	Locomotors 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.	Hemophilia			
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/YY) ____ ____ ____

@ - eg. Left/Right/both arms/legs

- eg. Single eye/both eyes

€ - eg. 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

(Authorised Signatory of notified Medical Authority)

(Name and Seal)

Countersigned

{Counter signature and seal of the Chief Medical Officer/ Medical Superintendent/ Head of Government Hospital in case the Certificate is issued by Medical Authority who is not a Government Servant (with seal)}

Signature/thumb impression of the person in whose favour certificate of disability is issued
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Note-In case the 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.