



हिंदुस्तान एरोनॉटिक्स लिमिटेड
परिवहन वायुयान प्रभाग,
कानपुर
HINDUSTAN AERONAUTICS LIMITED
TRANSPORT AIRCRAFT DIVISION
KANPUR

अनुलग्नक/Annexure- A

अपना हाल ही का स्व-
सत्यापित रंगीन फोटो
चिपकाएँ
Affix
your recent
self-attested
colour
photograph

आवेदन पत्र का प्रारूप /APPLICATION FORMAT

(केवल बड़े अक्षरों में भरा जाए/ to be filled in Block Letters only)

कृपया नीचे दिए गए सभी फ़ील्ड भरना सुनिश्चित करें/ PLEASE ENSURE TO FILL UP ALL THE FIELDS BELOW

वरिष्ठ चिकित्सा अधिकारी (फिजीशियन) के पद हेतु आवेदन
APPLICATION FOR THE POST OF SENIOR MEDICAL OFFICER (PHYSICIAN)

विज्ञापन क्रमांक /Advt No. दिनांक/Dated

1.	नाम (बड़े अक्षरों में) / NAME (IN BLOCK LETTER)	
2.	लिंग (पुरुष/महिला): GENDER (MALE/FEMALE):	
3.	पिता का नाम/ FATHER'S NAME:	
4.	माता का नाम/ MOTHER'S NAME:	
5.	i. जन्मतिथि (दिनांक/ महीना/ वर्ष)/ DATE OF BIRTH (DD/MM/YYYY): ii. 30.09.2023 को आयु/ AGE AS ON 30.09.2023	i. ii.
6.	मूल निवास का राज्य और राष्ट्रियता / STATE OF DOMICILE & NATIONALITY:	
7.	संपर्क/पत्र व्यवहार पता/ CONTACT/MAILING ADDRESS: जिला/ DISTT राज्य/ STATE..... पिन कोड/ PIN CODE फोन नंबर (एसटीडी कोड के साथ)/ PHONE NO. (WITH STD CODE) मोबाइल नं./ MOBILE NO. ईमेल आईडी/E MAIL ID	स्थायी पता/ PERMANENT ADDRESS: जिला/ DISTT. राज्य/STATE पिन कोड/PIN CODE फोन नंबर(एसटीडी कोड के साथ)/ PHONE NO. (WITH STD CODE) मोबाइल नं./ MOBILE NO. ईमेल आईडी/E MAIL ID
8.	निकटतम रेलवे स्टेशन/ Nearest Railway Station:	
9.	धर्म/ Religion:	

10.	क्या आप 01.01.1980 से 31.12.1989 की अवधि के दौरान जम्मू और कश्मीर के निवासी थे? (यदि हां, तो इस आवेदन पत्र के साथ प्रमाणपत्र की प्रति संलग्न करें)/ Were you domicile of Jammu & Kashmir during the period from 01.01.1980 to 31.12.1989? (If yes, Copy of certificate to be attached with this Application Form)	
11.	श्रेणी को चिन्हित करें [अनु.जाति/अनु.जनजाति/अन्य पिछड़ा वर्ग (नॉन-क्रीमी लेयर)/आर्थिक रूप से पिछड़े वर्ग के मामले में साक्षात्कार के समय प्रस्तुत किए जाने वाले प्रमाणपत्र की प्रति]/ Circle the Category [copy of Certificate to be produced at the time of Interview in case of SC/ST/OBC (Non-Creamy Layer)/EWS] a) जाति/ Caste b) उप जाति/Sub-Caste c) नॉन-क्रीमी लेयर (केवल अपिव)/ Non-Creamy Layer (for OBC only)	अनु.जाति/अनु.जनजाति/ अन्य पिछड़ा वर्ग (नॉन- क्रीमी लेयर)/आर्थिक रूप से पिछड़ा वर्ग SC / ST / OBC(NCL) / EWS / GEN a) ... b) ... c) हां/नहीं/Yes / No
12.	क्या आप दिव्यांग (पीडब्ल्यूडी) हैं? यदि हां, तो विकलांगता की श्रेणी को चिन्हित करें (विकलांगता प्रमाण पत्र की प्रति इस आवेदन पत्र के साथ संलग्न करें) Are you a person with disability (PWD)? If yes, circle the category of disability (Copy of Disability certificate to be attached with this Application Form)	हां/नहीं YES/NO ओएल/OL (या/OR) एसडीडी/SDD/ एसआईडी/SID (या/OR) एसडी/SD/एसआई/SI
13.	क) क्या आप भूतपूर्व सैनिक हैं/ Are you an ex-serviceman? यदि हां, तो अंतिम रैंक और उसमें सेवा की अवधि का उल्लेख करें। If yes, mention the last rank held and no. of years served in the rank ख) क्या आप सशस्त्र बलों में सेवारत अधिकारी हैं? Are you serving officer in the armed forces? यदि हाँ, तो वर्तमान रैंक और रैंक में पूरे हुए वर्षों की संख्या का उल्लेख करें। If yes, mention the present rank and no. of years completed in the rank:	हां/नहीं YES/NO हां/नहीं YES/NO
14.	क्या इससे पहले कभी एचएएल ने आपका साक्षात्कार लिया था? Have you been interviewed by HAL any time Earlier? यदि हां/If yes, किस पद हेतु साक्षात्कार लिया गया/ Post interviewed: साक्षात्कार की तिथि/ Date of interview: साक्षात्कार का स्थान/ Venue of interview:	हां/नहीं YES/NO
15.	क्या आपका कोई करीबी रिश्तेदार एचएएल में काम कर रहा है? यदि हां, तो नाम, पदनाम, प्रभाग आदि का विवरण प्रदान करें Are any of your close relatives working in HAL? If yes, provide details of Name, Designation, Division, etc	
16.	क्या आप कभी किसी राजनीतिक दल/संगठन के सदस्य/कार्यकर्ता रहे हैं या किसी राजनीतिक गतिविधियों में भाग लिया है? यदि 'हाँ', तो कृपया निम्नलिखित विवरण दें: 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: i. राजनीतिक दल/संगठन का नाम/ Name of political party/organization: ii. राजनीतिक गतिविधि का विवरण (यदि कोई हो)/Particulars of political activity (if any): iii. सदस्यता की अवधि (वर्ष से)/राजनीतिक गतिविधि में भागीदारी का वर्ष: Period of membership (from year)/year of participation in political activity: iv. राजनीतिक गतिविधियों में भागीदारी की प्रकृति/Nature of participation in political activity. v. पदभार, यदि राजनीतिक दल में कोई ग्रहण किया हो/ Office, if any, held in political party	

(यदि आवश्यक हो तो अलग शीट का उपयोग करें/ Use separate sheets, if required)

17.	शैक्षिक योग्यता (शैक्षणिक और व्यावसायिक)/ EDUCATIONAL QUALIFICATION (Academic and Professional)						
विशेषज्ञता के साथ योग्यता का नाम, जहां भी लागू हो/ Name Of Qualification With Specialization, Wherever Applicable	संस्थान/विश्वविद्यालय Institute/University	पाठ्यक्रम की प्रकृति (पूर्णकालिक)/ अंशकालिक/ पत्राचार Nature of the Course (Full Time)/Part Time/ Correspondence	पाठ्यक्रम की अवधि/ Duration of the course	विषय/ विनिर्देश Subjects/ Specification	कक्षा/ श्रेणी Class/ Division	अंकों का कुल % Aggregate % of marks	उत्तीर्ण होने का महीना और वर्ष Month & year of passing
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

(नोट: कृपया पूरी जानकारी दें। यदि आवश्यक हो तो अलग शीट का उपयोग करें)

Note: Please give full and complete information. Use separate sheets, if required

18.	पिछले 05 वर्षों में किए गए प्रशिक्षण का विवरण/ DETAILS OF TRAINING UNDERGONE IN THE LAST 05 YEARS		
कार्यक्रम का नाम/ Name of Program	संस्थान/विश्वविद्यालय Institute/ University	प्रशिक्षण की अवधि/ Duration of training	
		से/From (दिन/माह/वर्ष) (dd/mm/yyyy)	तक/To (दिन/माह/वर्ष) (dd/mm/yyyy)

19. पहली नौकरी से लेकर वर्तमान नौकरी तक का व्यावसायिक अनुभव: कालानुक्रम में

Professional Experience from the First Job onwards to Current Job:(Chronological order)

क्रम सं. Sl. No	पदनाम/ Designation	संगठन/ Organization	केन्द्र सरकार/ पीएसयू/ प्राइवेट Central Govt/ PSU / Private	दिनांक/ से/ From तक/ To (dd/mm/yy)(dd/mm/yy)		वेतनमान/ Pay Scale	सकल वेतन/ Gross Pay	नौकरी छोड़ने का कारण (वीआरएस सहित) Reasons for Leaving (Including VRS)
				(5)	(6)			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

(नोट: कृपया कार्य अनुभव प्रोफाइल के लिए दिनांक, माह और वर्ष जैसी पूरी जानकारी दें। यदि आवश्यक हो तो अलग शीट का उपयोग करें/Note: Please give complete details for the experience profile like Date, Month & Year. Use separate sheets if required)

20. वर्तमान में आपके द्वारा धारित पद की विस्तृत जानकारी (एक अलग शीट पर लगभग 100 शब्दों में टाइप की जानी है और कागज के शीर्ष पर स्पष्ट रूप से लिखे गए आपके नाम सहित आवेदन के साथ संलग्न की जानी है)/ Detailed Picture of the Position currently held by you (to be typed in about 100 words on a separate sheet and enclosed with the Application with your name legibly written on the top of the paper).
21. आपके पास योग्यता उपरांत अनुभव के वर्षों की संख्या (पूरे किए गए वर्षों में):
No. of years of Post-Qualification Experience you possess (in completed years):
22. वर्तमान वेतनमान/ Present Scale of:
मूल वेतन/Basic Pay मँहगाई भत्ता/ DAसकल वेतन/ Gross Pay
23. वरिष्ठता की तिथि (वर्तमान ग्रेड/पद की तिथि से)/ Date of Seniority (from Date in Present Grade/Post):
24. अपेक्षित वेतन/Pay expected/:
25. यदि आपका चयन हो जाता है तो आप कितनी जल्दी ज्वाइन कर सकते हैं? /
If selected, how soon can you join?
26. व्यावसायिक अनुभव, उपलब्धि और क्षेत्र में महत्वपूर्ण योगदान का विवरण (एक अलग शीट पर लगभग 100 शब्दों में टाइप किया जाना चाहिए और कागज के शीर्ष पर स्पष्ट रूप से आपका नाम लिखा हुआ आवेदन के साथ संलग्न किया जाना चाहिए)/ Pen picture of professional experience, achievement and significant contribution in the field (to be typed in about 100 words on a separate sheet and enclosed with the Application with your name legibly written on the top of the paper).
27. एचएएल टीएडी कानपुर के पक्ष में भुगतान किए गए आवेदन शुल्क का विवरण (जैसा कि विज्ञापन में बताया गया है)
Details of Application fee paid in favor of HAL TAD Kanpur (as mentioned in Advertisement)::

बैंक का नाम Name of the Bank	शाखा क्रमांक Branch code	लेनदेन संदर्भ/यूटीआर संख्या / Transaction Reference/UTR Number	तारीख Date	धनराशि Amount

(नोट: लेनदेन रसीद की प्रति संलग्न करें/ Note: Enclose copy of transaction receipt)

मैं एतद्वारा घोषणा करता हूँ कि उपरोक्त कथन मेरी सर्वोत्तम जानकारी और विश्वास के अनुसार सत्य और पूर्ण हैं। मैं समझता हूँ कि जानकारी असत्य या गलत पाए जाने पर मेरी उम्मीदवारी/ नियुक्ति बिना किसी सूचना के समाप्त मानी जा सकती है।

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.

स्थान/Place:

दिनांक/ Date:

उम्मीदवार के हस्ताक्षर/ Signature of the Candidate

नोट: उम्मीदवार को सभी कॉलम भरने होंगे। कोई भी कॉलम खाली रहने, न भरने या अधूरा रहने पर आवेदन अस्वीकार कर दिया जाएगा। किसी भी पत्राचार पर विचार नहीं किया जाएगा/**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.

उम्मीदवार आवेदन पत्र के साथ आवेदन पत्र/विज्ञापन में निर्दिष्ट दस्तावेजों के अलावा कोई अन्य दस्तावेज संलग्न न करें/The candidate should not attach any documents with the Application Form other than the specified ones in the Application Form/Advertisement.

ANNEXURE-B

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

This is 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

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 _____ 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 / Smt/ 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
--

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

Certificate No. _____

Date: _____

This is to certify that I have carefully examined Shri/Smt/Km _____ 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

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.