APPLICATION FORM (TO BE USED FOR APPLYING ON ABSORPTION ONLY)

To,

CGM(HR)/IPRCL

Affix your recent passport size Photograph

1)	Applied for the I							• • • • • •	• • • •	••••		••••	• • • •						
2)	Name of the Car	ıdıdate	(IN BLC	OCK LE	ITE.	RS):										1	1		
3)	Father's Name (1	IN BLC	OCK LET	ΓTERS)	:	<u> </u>	<u> </u>	·	1			I					ı		
		$\overline{}$																	
1)	(a) Date of Birth	ı:																	
	(b) Present Age	(as on o	closing d	ate of A	DVI	Γ):				Γ			7 [
									,	Year	s	M	ont	hs		Day	S		
5)	Sex: N	Male						Fen	nale	;									
5)	Aadhar Number:	:																	
7)	Religion:		<u> </u>																
	0) Personal Marks of Identification (To be filled compulsorily, if no such mark, write "Nil")																		
	i)			`			•	•											
	i)																		
1)	1) Address for Communication:																		
	State	e		P	in Co	ode .		••••											
2)	Permanent Addre	ess:																	
														••••				•••	
3)	(i) Landline Tel	-																	
1	(ii) E-mail Addre																		
4)	Educational Q				ed ph	otoc													
	Exam Passed	Bo	oard/Un	iversity			Yea	r of I	Pass	sing	D	ivisi	on/	Cla	SS	9/0	of l	Mark	CS
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15) Brief Relevant Professional Experience (Self Attested photocopies of Certificates to be attached):

	Name of the	Pvt/ Govt/	Designation	Grade	From	To	Detailed
S.	Organization	PSU/ Semi		Pay/ CTC	(D/M/Y)	(D/M/Y)	Nature of
No		Govt.					Work
							done

	PS: - Please use separate sheet for more experience & Detailed Nature of work done.
16)	Whether employed in any Central Govt./ State Govt. PSUs/Semi Govt. (Yes/No):
17)	Have you ever been involved in Anti National activities?
18)	Have you ever been convicted?
29)	If yes, please give details:
20) Ar	e you on deputation: Yes / No
If Yes:	
a. Date	e from which you have been on deputation:
o. Nan	ne & address of the organization in which you are on:
Deputa	ation.
21) W	hether any Punishment to the applicant during the : Yes / No
last 10	years.
If Yes-	Details thereof:
22) W	hether any action or inquiry is going on against the applicant: Yes / No
as far a	as his knowledge goes.
If Yes	— Details thereof:
23)	List of Enclosures:

Date:

I hereby declare that all the details given by me are correct and necessary documentary proof will be produced at the time of screening/interaction. In case any of the above-mentioned details have been found to be incorrect or

Place:
Corporation Ltd. and in the event of failure to abide by the same my candidature is liable to be cancelled. I also understand that submitting this Application form does not give me right to be called for Screening/Interaction.
at any time. In the event of my selection, I agree to abide by the rules & regulations of Indian Port Rail & Ropeway
failure to produce documentary proof in support of the same, my candidature is liable to be summarily cancelled
the time of screening, interaction, in case any of the above mentioned details have been round to be incorrect of

Signature of the Candidate

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		APPLICATION	FORM	AT FOR DEPUTATI	ON
Name	of the post applied for		1:		
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	of Posting: nal Data				
1.	Name		1:		
2.	Gender		:		
3.	Service				
4.	Department		:		
5.	Category		:		
6.	Date of Birth		:		
7.	DITS		:		
8.	Date of entry in Groapplicable)		:		
9.	Number of years of as on the closing dat			Years, M	onths, Days
10.	Present pay band with		:		
	Pay / Matrix level ur				
	basic pay as on date				
11.	Present Designation		:		
12.	Present Place of Pos	ting	:		
13.	Contact Details		:		
	(a) Present Address				
	(b) Permanent Addr	ess	:		
	(6) 1 01111111111111111111111111111111111				
	(c) Email ID		:		
	(d) Telephone (O)		:		
	(e) Telephone (R.)				
14 E	(f) Mobile Number		:		
Sr. E	ducation Qualification Qualification	ns: Year of Passing		Domoontogo of	Ingtitution/University
No.	(SSC Onwards in	rear of Passing		Percentage of Marks	Institution/University, Place/Country
110.	Chronological			Obtained/Division	Trace/Country
	Order)				
(i)					
(ii)					
(iii)					
	ing Programmes atte			1	
Sr.	Training	Period (From-to))	Institution	Remarks
No.	Programme				
(i) (ii)					
(iii)					
	xperience Details:				
Sr.	Designation in	Grade (i.e. Gr.C/	/	From	To
No.	Railway with place of Posting	Gr.B/SS,JAG/SG			
(i)					
(ii)					
(iii)					

16.	Details of Previous deputation/	:	
	Foreign assignment, if any		
17.	whether debarred from deputation?	:	
	If yes, please furnish details.		
18.	Whether cooling off period	:	
	completed? If yes, date of return		
	from previous deputation with		
	details, wherever applicable		

DECLARATION

I hereby declare that all the details given by me are correct and necessary documentary proof will be produced at the time of screening/interaction. In case any of the above-mentioned details have been found to be incorrect or failure to produce documentary proof in support of the same, my candidature is liable to be summarily cancelled at any time. In the event of my selection, I agree to abide by the rules & regulations of Indian Port Rail & Ropeway Corporation Ltd and in the event of failure to abide by the same my candidature is liable to be cancelled. I also understand that submitting this Application form does not give me right to be called for Screening/Interaction.

Place:	
Date:	Signature of the Candidate