# **APPLICATION FORM**

	for engagement of Paramedical Staff on temporary contract basis in M				
		ruitment/Contractual/2021/833	Date:10/05/2021		
•	POST APPLIED FOR:				
•	Name:				
•	Father's Name:		Affix passport size photo here		
•	Husbands Name: (if applicable)				
•	Gender:		signature		
•	Nationality:				
•	Date of Birth:				
	SC/ST/OBC:				
•	Religion:				
<b>D.</b>	Date of Retirement/Separation: (if applicable)				
1.	Post/Grade at the time of Retirement/Separat (if applicable)	tion:			
2.	Address for Communication				
	House No:	Mobile No:			
	Street:	Email ID:			
	Post Office:	PAN Card:			
	District:	Aadhaar No:			
	State:				

Pincode:

### **13.** Educational/Professional Qualification:

S. No.	Exam. Passed	Name of the Institute	Board/ University	Year of Passing	%age of Marks	Div./ Grade

# 14. Experience Details of the last 03 years (if applicable): S. No. Name of organization Post held Employee No. Image: Constraint of the last o

Performance rating of the last 03 years (certificate from Ex-employer to be enclosed with the application)

YEAR 1	YEAR 2	YEAR 3

Details of Punishment, if any, in the last 03 years of service, if any. (certificate from Ex-employer to be enclosed with the application)

Details of performance/disciplinary certificate for private sector experience, if any. (certificate from Ex-employer to be enclosed with the application)

### **15.** Enclosures required:

The following documents are to be enclosed along with the application form:

- a) Self-attested copy of the Matriculation/SSC/High School or Equivalent Examination certificate which clearly mentions the date of birth.
- b) Self-attested copy of the qualification certificates as mentioned in the application.
- c) Self-attested copy of superannuation/relieving letter from the ex-employer.
- d) Self-attested copy of the experience certificate, performance rating, disciplinary certificate.

### **Declaration/Undertaking**

I do hereby declare that all statements made in this application are true and correct to the best of my knowledge and belief. I also give undertaking that in the event of any statement or information furnished by me are found false or incorrect, my candidature is liable to be rejected or cancelled and in the event of any statement or information found false even after my engagement as Paramedical Staff on temporary contract basis in MCL is liable to be terminated without intimation and will also be liable for prosecution under law. I also declare that I am not facing any charge nor have been convicted in any corruption/illegal gratification/criminal case.

Place:

Date:

Signature of the Applicant

Till date

कोल इण्डिया लिमिटेड (भारत सरकार का उपक्रम) COAL INDIA LIMITED (A Govt. of India Enterprise) कोल भवन "COAL BHAWAN" PREMISE NO: 04, MAR, PLOT NO: AF-III ACTION AREA-1A, NEW TOWN, RAJHARHAT KOLKATA-700156 (WB)



PERSONNEL DIVISION POLICY CELL CIN:L23109WB1973GOI028844 E-MAIL: policycell.cil@coalindia.in TEL: 033-7110 4271 WEBSITE: www.coalindia.in

(An ISO 9001:2015, ISO 14001:2015 & ISO 50001:2011 Certified Company

दिनांक: 05.05.2021

संदर्भ सं: CIL/C5A (PC)/Dr-Paramedical/642

## CORRIGENDUM

In partial modification of OM No CIL/C5A (PC)/Dr-Paramedical/641 dated 05.05.2021 on the subject "Amendment in Revised Guidelines for Engagement of Doctors & Paramedical Staff on temporary contract basis to combat COVID-I9", the fixed monthly stipend rate for interns may be read as ₹15,000 per month instead of ₹10,000/15,000 as mentioned in Clause 3 e (ii).

The other contents of the aforementioned office order would remain unchanged.

This is for information to all concerned.

(नीला प्रसाद) महाप्रबंधक (का./ नीति)

### ई-मेल के माध्यम से वितरण:

- 1. D(T)/ D (P&IR)/ D (F)/ D(M), CIL
- 2. CMD, BCCL/ CCL/ CMPDIL/ ECL/ MCL/ NCL/ SECL/ WCL
- 3. CVO, CIL
- 4. D(P), BCCL/ CCL/ ECL/ MCL/ NCL/ SECL/ WCL
- 5. D(T/CRD), CMPDIL
- 6. CVO, BCCL/ CCL/ CMPDIL/ ECL/ MCL/ NCL/ SECL/ WCL
- 7. ED (Coordination), CIL
- 8. ED (Medical Services), CIL
- 9. GM(P/EE)/ (F), CIL
- 10. GM, NEC
- 11. Dy.GM (System), CIL