

MMMOCL APPLICATION FORM

To, The Managing Director,

Maha Mumbai Metro (M3) Operation Corporation Ltd. 4th Floor, NaMTTRI Building, Adjoining New MMRDA Building, Bandra-Kurla Complex, Bandra (E), Mumbai - 400051. Maharashtra.

Please affix passport size photograph and sign across

TO BE FILLED IN BOLD ENGLISH CAPITAL LETTERS BY THE CANDIDATE ONLY

CANDIDATES ARE ADVISED TO FILL UP THE DETAILED INFORMATION IN THE PRESCRIBED FORMAT AND AT RELEVANT PLACE ONLY. NO SEPARATE SHEET ATTACHED WILL BE CONSIDERED.

1.	Notification Date										
2.	Name of the Post										
3.	Sr. No. of the Post										
4.	Mode of Selection (Please Tick)	Nominations			Deput			utation			
5.	Name of the Candidate	ı	First Na	ame		Middle Name			S	е	
6.	Date of Birth (DD/MM/YYYY)										
7.	Age (as on date mentioned in notification)		Years	5		Mor	nths			Days	
8.	Nationality										
9.	Gender (Male / Female)										
10.	Marital Status (Married / Unmarried)										
11.	Religion										
12.	Caste										
13.	Caste Category (Please Tick only one category)	OPEN	OBC	SC	ST	VJ-A	NT-B	NT-C	NT-D	SBC	EWS
14.	Caste certificate issued by Maharashtra State / Other State*										
15.	Applied for Horizontal	Wome	n Rese	rvation			Perso	n with	Disabili	ty	
15.	Reservation (if any)	Merito	rious S	ports Pe	erson		Orpha	Orphan child			
16.	Mobile Number										
17.	Alternate Mobile Number										
18.	Email ID										
19.	Correspondence Address										
20.	Permanent Address										

21. Academic& Professional Qualifications acquired (As on date mentioned in notification):

Sr. No.	Academic & Professional Qualification	Year of Passing	Duration of course in years	Percentage / Grade	Board / University / Institute
1					
2					
3					
4					
5					

22. General & Job Specific work experience gained as under (As on date mentioned in notification):

Sr.	Name of	Designation	Pay Band/CTC Rs. with pay	th pay performed '		Period (DD/MM/YYYY)		YYY) Total Experier	
No.	Organization	/ Position	scale under IDA/CDA		From	То	Years	Months	Days
1									
2									
3									
4									
5									
6									
7									
8									
	Total Experience (Years-Months-Days)								

Note - Need detailed information i.e., post held at each stage during the total tenure. For each post one separate row will be filled up in the above table. If space is not sufficient then separate sheet can be added.

23.	Whether appeared for interview in MMMOCL in past (if yes, mention the details of post applied for and date)	
24.	Parent Organization Name, address, Phone No. & Competent Authority,	
25.	Whether one copy of application has been sent to Parent Organization well in advance	YES / NO
26.	Present Pay Scale with GP (details along with 6 th / 7 th Pay Commission and CDA / IDA / Other Scale, if any) or CTC (For private organization)	
27.	Present Basic, GP with Designation held	
28.	Present employer's name, address, phone number & Name of key person	
29.	Whether Departmental Enquiry, if any is pending, proposed, initiated against you in last 10 years.	YES / NO
30.	Whether your Parent Organization will relieve you in case if you are selected on Nomination / Deputation?	YES / NO
	If so, the maximum period required for joining the duties on Nomination / deputation, by complying all necessary formalities	
31.	Whether you have applied to Competent Authority for issue of NOC (in the format attached)	YES / NO
32.	Whetheryou have applied to Competent Authority for issue of Last five years Performance Appraisal	YES / NO
		1.
33.	Hobbies /Interests	2.
		3.
34.	Names of two reputed references except political and relatives preferably Gazetted	1.
	Officers in the Class One rank	2.
35.	Date of return from earlier deputation & Name of organization, (in case of deputation candidates	

36. Details of deputation during the entire service till date:

Sr.	Name of the				Period	Remarks, if any		
No. organization	organization			From	То	Total		
1.								
2.								

37. Enclosures in support of statement duly self-attested (Strike out whichever not applicable)

Sr.	Details of attached documents		ease tick)	No. of			
No.			No	copies			
1.	Age Proof (Birth Certificate / SLC)						
2.	Academic & Professional Qualifications (Passing certificate necessary)						
3.	Experience Certificates of all organizations where worked. Experience certificate clearly showing field of experience as mentioned in notification. Vague experience certificate will not be considered.						
4.	NOC issued by Parent Organization						
5.	Caste Certificate & Caste Validity						
6.	Current Organization Appointment Letter & Pay slip						
7.	Other supporting documents						
	Total number of copies attached						

DECLARATION:

I hereby declare that all the statements made by me in this application form are true and correct to the best of my knowledge and belief that nothing has been concealed or suppressed. I have enclosed necessary documents/certificates to this effect. I also understand that in case, any of my statements is found untrue during any stage of recruitment and thereafter. I shall be disqualified for the post applied for and I shall be liable for any penal action.

I have read the advertisement and the relevant GRs mentioned hereinabove and made aware myself about all the terms & conditions stipulated therein and affirm to abide by them. I affirm I fulfill the requisite criteria that that no any Departmental Enquiry is live/pending/proposed against me as on today. I further affirm that there are No Dues, No Legal Proceedings of any nature are pending against me as of date.

Date:	
Dlace.	Signature of candidate with name & date

(To be given on Company's letterhead)

Date:

To,
Managing Director,
Maha Mumbai Metro (M3) Operation Corporation Ltd.
4th Floor, NaMTTRI Building, Adjoining New MMRDA
Building, Bandra-Kurla Complex, Bandra (E),
Mumbai - 400 051. Maharashtra.

No Objection Certificate

This is to certify that working in this									
till date as									
having preso								GP in	Rs.
								per	our
official record, his/her									
Further it is certifie	d that he/she	has appli	ed for	the p	ost of				_in
MMMOCL on deputat	ion/nomination	basis and v	ve foun	d him/	her is e	ntitled	to the	said p	ost
as per prevailing norn prescribed criteria as sin MMMOCL.							-		
We ensure that Shri/Smt./Kum.	if he/she	selected,	we	will	spare	the	serv	vices	of
		within 30 d	ays.						
We also certify that No been penalized in the l	-	Enquiry is pe	ending, i	initiate	d, prop	osed a	nd he/	she ne	ver
This NOC is issued on	his/her reque	st.							
Place:									
Date:				Autho Name	orized S	ignato	r y		
				Comp	any seal	with ad	dress		

DECLARATION FORM

(See Rule 4)

Shri/Smt./Kum
Son/daughter/wife of Shri
Agedyears, resident of
DistrictCity
Do hereby declare as follows:
1) That I have filled my application for the post of
2) I have (Number) of living children as on today
Out of which No. of children born after 28 March 2005 is
Date of Birth of children who born after 28 March 2005
3) I am aware that, if any total no. of living children is more than two due to the
children born after 28 th March 2006, I am liable to be disqualified for the same
post.
Place:
Date: