

MMMOCL APLICATION FORMAT

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 - 400 051. 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.

AND A	RELEVANT PLACE UNLY. NO SEPARA	IE SHEET	ATTACHI	D WILL E	SE CONSI	DEKED.					
1.	Notification no.										
2.	Name of the Post										
3.	Sr. No. of the Post										
4.	Mode of selection (Please Tick)	N	Nomination			Deputa			ation		
5.	Name of the Candidate	F	irst Na	me		Middle Name			Surname		
6.	Date of Birth (DD/MM/YYYY)				.						
7.	Age (as on date mentioned in notification)		Years			Months			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 Reserv	ation			Persor	with Di	sability		
15.	Reservation (if any)	Merito	rious Sp	orts Per	son		Orpha	n child			
16.	Mobile Number										
17.	Alternate Mobile Number										
18.	Email ID										
19.	Correspondence Address										
20.	Permanent Address										

^{*}Note – Candidate submitting Caste Certificate of other state will not be considered for reserved category posts.

22. 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					

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

Sr.	Name of	Designation	Pay Band/CTC Rs. with pay Nature of Duties		Per (DD/MN		Total Experience		
No.	organization	/Position	scale under IDA/CDA	performed	From	То	Years	Months	Days
1									
2									
3									
4									
5									
6									
7									
8									
				Total Experience	Ce (Years-Mo	nths-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
	Whether your Parent Organization will relieve you in case if you are selected on Nomination/ Deputation?	YES / NO
30.	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.	Whether you 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 Officers in the Class One rank	1.
35.	Date of return from earlier deputation & Name of organization, (in case of deputation candidates	2.

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

Sr. Name of the		e of the Post held	Pay Scale		Period	Remarks, if any	
No	organization	Post field	ray scale	From	То	Total	Remarks, if any
1.							
2.							

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

Sr.	Details of attached documents	Attached (I	No. of			
No.	Details of attached documents		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 Organisation Appointment Letter & Payslip					
7.	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:	
Place:	Signature of candidate with name & date

(To be given on Company's letterhead)

Date:

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 - 400 051. Maharashtra

No Objection Certificate

This is to certify that Shri/Smt./Kum	ari					is
Working in this	office	from		1	to till	date
as(p	oost) in the p	ay scale of			ha	ving
present basic is Rs		& GP in	Rs		_as pe	r our
official record, his/her date of birth is_		·				
Further it is certified tha	at he/she	has applied	l for	the	post	of
in MMM	OCL on dep	outation/nomina	tion ba	sis and	we fo	ound
him/her is entitled to the said post as	per prevailir	g norms of dep	utation. I	He / She	fulfills	s the
qualification, experience and prescri	bed criteria	as specified in	the adv	ertisem	ent as	per
recruitment rules for the said post in N	MMMOCL.					
We ensure that if he/she selected, we	we will spare	the services of S	hri/Smt.	/Kum		
wit	hin 30 days.					
We also certify that No Departmen	ntal Enquiry	is pending, initia	ated, pro	posed a	and he	/she
never been penalized in the last 5year	S.					
This NOC is issued on his/her reque	est.					
Place:						
Date:		Auth	orized S	ignator	y	
		Nam				
		Com	nany saa	al with a	adroce	2

Company seal with address Phone No/Email ID

DECLARATION FORM-A (See Rule 4)

Shri/Smt./Kum	n
Son/daughter/	/wife of Shri
Aged	years, resident of
District	City
Do hereby dec	lare as follows:
1) That I have f	filled my application for the post of
2) I have (Num	ber) of living children as on today
Out of which N	No. of children born after 28 March 2005 is
Date of Birth of	f children who born after 28 March 2005
3) I am aware t	that, if any total no. of living children are more than two due to the children
born after 28 th	March 2006, I am liable to be disqualified for the same post.
e:	
:	