



APPLICATION FORM

IMPORTANT: This application form duly completed in the candidate's own handwriting or neatly typed must reach THE CONTROLLER OF ADMINISTRATION, NATIONAL AEROSPACE LABORATORIES, P.B.No.1779, AIRPORT ROAD, KODIHALLI, BENGALURU-560 017 **ON OR BEFORE 11.02.2022**

1. Advertisement No. : **1/2022**
2. Post : **Stipendiary Training Programme**
3. Post Code : **STP_____**

Affix Photo

4. Name of the candidate (in Block Letters)	
5. Sex (Male / Female)	
6. Father's Name	
7. Nationality (mention by birth / domicile)	
8. Present Postal Address (for communication purpose)	Pin Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Mobile No. _____, E-mail: _____
9. Permanent Address	Pin Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Mobile No. _____
10. Date of Birth (As per Matriculation / SSLC certificate)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DAY MONTH YEAR
11. Age (As on the closing date of application)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEARS MONTH DAYS

::2::

12. Educational/Professional Qualification etc, commencing from SSC/10 th Std onwards (Enclose documentary proof)						
Examination Passed	Year of passing	Marks obtained / percentage of marks			Class / Grade obtained	Board / University / Institution
		Max Marks	Marks obtained	Aggregate %age		

13. Category (SC/ST) :

14. Particulars of close relatives : Name :
working in NAL, if any
Designation :
Division :
Relationship :

15. Are you under any bond/contractual obligation to serve Central / State Government / PSU / Autonomous or any other body / organization, YES NO

16. Whether dismissed from service from any other Institution / Office or debarred by the Public Service Commission, YES NO , if yes, give details _____

17. ENCLOSURES: (Please tick the appropriate box and arrange the enclosures as per the serial number)

- | | | | | | |
|---|--|--------------------------|---|-----------------------|--------------------------|
| 1 | SSLC/10 th Std Certificate (Proof of DOB) | <input type="checkbox"/> | 4 | Degree Certificate | <input type="checkbox"/> |
| 2 | 12 th Std Certificate | <input type="checkbox"/> | 5 | Community Certificate | <input type="checkbox"/> |
| 3 | Diploma Certificate | <input type="checkbox"/> | 6 | Others | <input type="checkbox"/> |

DECLARATION

I hereby declare that the information given above is correct, true to facts and nothing has been concealed / distorted. I am aware that, if at any time I am found to have concealed / distorted any information, my candidature/appointment is liable to be summarily terminated without notice.

Place: _____

Date: _____

Signature of the candidate