



NBCC (INDIA) LTD.
(A Govt. of India Enterprise)

(Formerly Known as National Buildings Construction Corporation Ltd.)

Application No.
REGISTRATION

Application for the Post of _____

Photo

Choice of State for Apprenticeship*-----

| | | | | | | |
|----|--|------------------------|------------------------|---------------------------|----|---------------|
| 1 | Name (IN BLOCK LETTERS)* | | | | | |
| 2 | Father's / Husband's Name* | | | | | |
| 3 | E-Mail Id* | | | | | |
| 4 | Gender | | | | | |
| 5 | Aadhar No* | | | | | |
| 6 | Date of Birth (dd/mm/yyyy)* | | | | | |
| 7 | Age as on Closing date of application | | | | | |
| 8 | Marital status | | | | | |
| 9 | Religion | | | | | |
| 10 | Nationality | | | | | |
| 11 | Registration No.* | | | | | |
| 12 | Category (Please tick ✓) Enclose copy of certificate in case of SC/ST/OBC (Non Creamy Layer) | GENERAL | OBC (Non Creamy Layer) | SC | ST | Sports Person |
| 13 | Whether the candidate is Physically Challenged? (Please tick ✓) | Yes: | | No: | | |
| 14 | If yes, nature of Handicap & percentage of disability | Disability: _____ %age | | | | |
| 15 | Whether the candidate is an Ex-Serviceman? (Please tick ✓) | Yes: | | No: | | |
| 16 | Address (Please give full postal address with Postal Pin No) | | | | | |
| | <u>Present / Mailing Address:</u> | | | <u>Permanent Address:</u> | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | State: _____ Pin: _____ | | | State: _____ Pin: _____ | | |
| | Contact No.* | | | Contact No: | | |

| | | | | | | | |
|--|---|-------------------------|---|-------|--------------------|----------|--------------------|
| 17 | Educational Qualifications in Chronological Order: (Use separate sheet if required) | | | | | | |
| | Name of Course/ Degree or Examination passed | Month & Year of Passing | Name of Board/ Institution/ University | Trade | Duration of Course | Division | % of Marks / Grade |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| * date of declaration of result / date of issue of final semester mark sheet/provisional certificate / degree, whichever is earlier will be considered as the date of passing the examination. | | | | | | | |

| 18 | Details of Post Qualification Experience _____ Yrs in chronological order (Use additional sheet if required) | | | | | | | | |
|-------|--|-------------------------------|-------------------------------------|----|--------------|--------|--------------------------|----------------------------|--------------------|
| S. No | Name of the organization (Full name with address) | Position/ Designation held | Period (Exact dates to be given) | | | | Job Description in brief | Pay Scale/ Salary Drawn | Reason for leaving |
| | | | From | To | Total Period | | | | |
| | | | | | Years | Months | | | |
| | | | | | | | | | |
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| | | | | | | | | | |

If selected, period of notice required to join _____

Note - *Star marks column are mandatory to fill.

I certify, that the information furnished above is true, complete and correct to the best of my knowledge & belief. In the event of any information being found false or in correct, my candidature may be cancelled and my appointment if made, shall stand terminated without any notice and compensation

Place:

Date:

Signature of Applicant

| | | | | |
|-------------------------------------|--------------------------|------------------|--------------|--|
| Eligible | <input type="checkbox"/> | For Official Use | Not Eligible | <input type="checkbox"/> |
| Reasons for Non Eligibility ; | | | | |
| Place: | | | | Signature of Dealing Officer/Executive |
| Date: | | | | |