



**NBCC (INDIA) LIMITED**  
( A Government of India Enterprise )

Application No.....(to be filled by NBCC)						<b>Advt. No. 03/2020</b>																					
1	<b>POST APPLIED FOR</b>			..... <b>(ON CONTRACT BASIS)</b>				Affix recent passport size self attested photograph																			
2	<b>NAME (IN CAPITAL)</b>																										
3	FATHER'S / HUSBAND'S NAME																										
4	GENDER (Put a tick mark)	M	F	MARITAL STATUS	Married/ Unmarried/Others																						
5	DATE OF BIRTH		<table border="1" style="width:100%; border-collapse: collapse; text-align:center;"> <tr> <td><b>D</b></td><td><b>D</b></td><td><b>M</b></td><td><b>M</b></td><td><b>Y</b></td><td><b>Y</b></td><td><b>Y</b></td><td><b>Y</b></td><td></td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>							<b>D</b>	<b>D</b>	<b>M</b>	<b>M</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>										
<b>D</b>	<b>D</b>	<b>M</b>	<b>M</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>																				
6	<b>AGE AS ON CLOSING DATE OF RECEIVING APPLICATION</b>		<table border="1" style="width:100%; border-collapse: collapse; text-align:center;"> <tr> <td><b>Years</b></td><td><b>Months</b></td> </tr> <tr> <td> </td><td> </td> </tr> </table>		<b>Years</b>	<b>Months</b>																					
<b>Years</b>	<b>Months</b>																										
7	CATEGORY (Put a tick mark)	GEN	SC	ST	OBC (NCL)	EWS	EX-SEM	SUB CASTE																			
		<i>(Attach documentary evidence)</i>																									
8	PHYSICALLY CHALLENGED	YES	NO	IF YES, STATE THE NATURE OF DISABILITY (OH/VH/HH/MD)..... <i>(Attach documentary evidence)</i>																							
9	<b>ADDRESS</b> (Please give full postal address with Postal Pin No.)																										
<b>MAILING</b>			<b>PERMANENT</b>			<b>FULL ADDRESS, CONTACT NO., FAX NO. &amp; E-MAIL OF PRESENT EMPLOYER, IF EMPLOYED</b>																					
MOBILE NO. OF CANDIDATE			RESIDENTIAL TELEPHONE NO, OF CANDIDATE (IF ANY)			E-MAIL ID OF CANDIDATE																					

10	<b>ACADEMIC AND PROFESSIONAL QUALIFICATIONS</b>					
Examination passed	Whether full time/ part time/ Correspondence	Duration of the course	Name of the institution	Name of the university	Month & Year of passing *	CGPA/OGPA/ Percentage of marks

\* 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.  
**(please attach copies of pass certificates & marksheets)**

11	<b>DETAILS OF EXPERIENCE (in chronological order):</b>							
<b>POST QUALIFICATION EXPERIENCE.....(YRS.)</b>								
S.No	Name & address of the employer	Post held	Period				Job description in brief	Pay scale / salary drawn
			From	To	Total			
					Years	Month		

**(please attach copies of experience certificates along with proof of salary drawn)**

12	<p>CERTIFIED THAT THE INFORMATION FURNISHED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE &amp; BELIEF. IF AT ANY STAGE, ANY INFORMATION IS FOUND TO BE FALSE OR INCORRECT; MY APPLICATION WILL BE LIABLE TO BE REJECTED.</p> <p><b>Place:</b> _____  <b>Date:</b> _____</p> <p align="right"><b>Signature of the candidate</b></p>
----	---

<b>For Official Use</b>	
Eligible <input type="checkbox"/>	Not Eligible <input type="checkbox"/>
Reason for Non Eligibility:.....	
<b>Place:</b> _____ <b>Date:</b> _____	<b>Signature of Dealing Officer/Executive</b>