



NATIONAL COUNCIL FOR CEMENT AND BUILDING MATERIALS
(Under the Administrative Control of DPIIT, Ministry of Commerce & Industry, Govt. of India)
34 KM Stone, Delhi-Mathura Road (NH-2), Ballabgarh-121004, Haryana, India.
Ph:+91-129-2666600
Website:www.ncbindia.com

ANNEXURE-III

The hard copy to be filled by the candidate in his/her own handwriting. All the columns should be properly filled in. Incomplete application form will be rejected summarily.

*Affix recent
passport size
photograph
duly signed by
the candidate*

Advertisement No.R/01/2026(01)

1. Post applied for and Post Code	
2. Name of candidate (in Block Letters)	
3. Marital Status	
4. Father's / Spouse Name	
5. Date of Birth (DD/MM/YYYY)	___ / ___ / _____
6. Age (as on application closing date)	___ Years ___ Month ___ Days
7. Nationality	
8. Address	
a. Correspondence Address	
City & Pin Code	
State	
Mobile No.	
Email ID	
b. Permanent Address	
City & Pin Code	
State	
Mobile No.	
Email ID	



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9. Category (Please put tick mark):

SC	<input type="checkbox"/>	ST	<input type="checkbox"/>	OBC	<input type="checkbox"/>
GEN	<input type="checkbox"/>	PwD	<input type="checkbox"/>	EWS	<input type="checkbox"/>
Ex-Servicemen	<input type="checkbox"/>				

10. Educational / Professional Qualifications (*a self attested copy of each certificate / marks statement must be enclosed with the application*) :

	*Examination Passed	Course Duration	Division	** Percentage	Year of Passing	Board/ University	Subjects
High School							
Intermediate							
Diploma							
(Full Time / Part Time)							
Graduate							
(Full Time / Part Time)							
Post Graduate							
(Full Time / Part Time)							
Ph.D Title (Awarded/ Thesis Submitted)							
(Full Time / Part Time)							
Any other							

* Please indicate weather Examination Passed (Qualification) is Full Time or Part Time.

**Wherever CGPA is applicable, the same should be indicated in equivalent actual percentage



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11. Total Post Qualification Experience : Years _____ Months _____

12. Employment Details in (Chronological Order starting from current occupation):

Name & Address of Employer	Post Held	Pay Scale / Emoluments/ CTC	Date of Joining DD/MM/YYYY format only	Date of Leaving DD/MM/YYYY format only	Work Experience (attach self attested work experience certificate obtained from employer)

(Any additional information may be given in additional sheets)

Declaration: I _____ hereby declare that all the statements made in the application are true, complete and correct to the best of my knowledge and belief and in the event of any of the information being found false or incorrect or any ineligibility being detected before or after the selection, my candidature is liable to be cancelled and action initiated against me.

Date:

Candidate's Signature

Place:

(_____)

Full Name