Northern Coalfields Limited

A Miniratna Company, An undertaking of Government of India
Head office: Panjreh Bhawan, Morwa , Singrauli-486889,M.P.,India

Application Form

1. Name of the applicant (in capital letters): .....
   आवेदक का नाम (बड़े अक्षरी में)

2. Father's name: .....
   (पिता का नाम)
3. Date of birth (DD/MM/YYYY): .....
   (जन्म तिथि)
4. Employee number: .....
   (कर्मी संख्या)
5. Designation & Grade (at the time of superannuation): .....
   (सेवानिवृत्ति के समय पद व ग्रेड)

Self-Attested Photograph

6. Date of appointment: .....
   (नियुक्ति तिथि)

7. Date of superannuation: .....
   (सेवानिवृत्ति की तिथि)

8. Name of the Area/Unit from where superannuated: .....
   (क्षेत्र इकाई जहा से सेवानिवृत हुए है)

9. Caste Category (General/OBC-(NCL)/SC/ST): .....
   श्रेणी (सामान्य/ अन्य पिछड़ा वर्ग/अनुसूचित जाति / अनुसूचित जनजाति)
   (Attach self-attested copy of caste certificates if belonging to OBC-(NCL)/SC/ST)
   (अन्य पिछडा वर्गः अनुसूचित जाति/अनुसूचित जनजाति श्रेणी के आवेदक स्वः अभिप्रमाणित छायाप्रति संलग्न करें)

10. Post applied for: .....
    (पद जिसके लिये आवेदन किया गया है)

11. Mobile no: .....
    (मोबाइल न०)

12. E-mail ID (Optional): .....
    (ई-मेल) (वैकल्पिक)
13. Current Address: .....
    (वर्तमान पता)

Signature of the Applicant (आवेदक के हस्ताक्षर)

Certificate by the Area/Unit/Hospital

1. **ACR of last three years (At the time of Superannuation):-**

   Year…… ACR……..

   Year…… ACR……..

   Year…… ACR……..

2. **Attendance of last three years (At the time of Superannuation):-**

   Year…… Number ……..

   Year…… Number ……..

   Year…… Number ……..

Certified that the above particulars have been verified from the service record of the applicant and have been found correct. (प्रमाणित किया जाता है आवेदक द्वारा भरे गये विवरण का मिलान उनके सेवा पुस्तिका से कर लिया गया है और सही पाया गया है)

Forwarded to Competent Authority for further needful please.

Signature with seal of the Certifying Officer

Countersigned by:

Staff Officer (HR)
_____Area (with seal)

Area General Manager/ CMS, NSC