Affix Photograph

## APPLICATION FORMAT FOR THE POST OF

## LA CONSULTANTS IN NHIDCL ON CONTRACT BASIS

| 1.                         | Name of the Applicant  |            |          |              |                          |   |  |  |  |
|----------------------------|--|------------|----------|--------------|--------------------------|---|--|--|--|
| 2.                         | Address in Block letters   |            |          |              |                          |   |  |  |  |
| 3.                         | Contact No.  |            |          |              | Landline (with STD Code) |   |  |  |  |
|                            |  |            |          |              | Mobile No                |   |  |  |  |
|                            | E- Mail  |            |          |              |                          |   |  |  |  |
| 5.                         | Date of Birth  | •          |          |              | DD/MM/YYYY               |   |  |  |  |
| 6.                         | Details of employment in Chronological order (attach a separate sheet duly attested by you). |            |          |              |                          |   |  |  |  |
| Parent<br>Deptt./<br>State | Post held  | From       | То       | Pay Band,    | Grade Pay and Basic Pay  | Nature of duties<br>performed /<br>performing |  |  |  |
| Govt.                      |  |            |          |              |                          | performing                                    |  |  |  |
|                            |  |            |          |              |                          |   |  |  |  |
|                            |  |            |          |              |                          |   |  |  |  |
|                            |  |            |          |              |                          |   |  |  |  |
| 7.                         | Nature of preany.  |            | -        |              |                          |   |  |  |  |
| 8.                         | Qualification  |            |          |              |                          |   |  |  |  |
|                            | applicant (at  |            |          |              |                          |   |  |  |  |
|                            | duly attested  |            | the spa  | ice is       |                          |   |  |  |  |
| 9.                         | insufficient).   |            |          | ما سمامین سا |                          |   |  |  |  |
| 9.                         | Details of La<br>Pay Scales a  | -          |          |              |                          |   |  |  |  |
|                            | (Copy of Per   |            |          |              |                          |   |  |  |  |
|                            | Slip last drav   | -          |          | -            |                          |   |  |  |  |
| 10.                        | Additional in  |            |          |              | <u> </u>                 |   |  |  |  |
|                            | you would lik  | e to ment  | ion in s | support of   |                          |   |  |  |  |
|                            | your suitabil  | ity for th | e post.  | ,            |                          |   |  |  |  |

## Confirmation by the Applicant

| I have read the Terms & Conditions of appointment and certify that the above           |
|--|
| information is true to the best of my knowledge and belief. Further, I am liable to    |
| be disqualified if any information given above is found to be incorrect/ incomplete or |
| false.   |

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Place: