MINIRATNA: CATEGORY-I Company

नेशनल प्रोजैक्ट्स कंसटुक्शन कारपोरेशन लिमिटेड

ANNEXURE-A

(भारत सरकार का उद्यम)

(National Projects Construction Corporation Limited) (A GOVT OF INDIA ENTERPRISE) पश्चिमी क्षेत्रीय कार्यालय ,Western Zonal Office

15, First Floor, Hemapark Society, Gurukul Road, Near Subhash Chowk, Memnagar, Ahemedabad-380052. 15, प्रथम तल, हेमा पार्क सोसाइटी, गुरुकुल रोड, सुभाष चौक के पास, मेमनगर, अहमदाबाद -380052.

Website: wwwnpcc.gov.in, E-mail: npccwzo1957@gmail.com Affix Your Recent **Passport** Size Colour Photograph Name of Candidate (as recorded in Matriculation or equivalent certificate) 2. Father's Name (as recorded in Matriculation or equivalent certificate): Mother's Name (as recorded in Matriculation or equivalent certificate) 4. Sex (Male / Female): 5. Religion: Marital Status (If married, name of spouse) (Spouse Name & Nationality) Married Unmarried b). Birth Place/District: c). Birth State/UT: a). Date of Birth: M D D M d). Nationality: e). Mother Tongue: f). Age as on date (i.e. 31/03/2024): Years Months b). Blood Group c). Identification Marks a). Domicile Whether belongs to: SC **OBC** OBC(NCL) **EWS** ST Minority **PwBD** UR Languages Known: Read Write Languages Speak

Academi	c/Profe	ssional	Oua	lification	ons:
Academii	C/ I I O I C	.ssioiiai	Qua	micati	JIIJ.

22. Passport No.23. Any other information:

C A:		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1	,	6.1.	·	0/ 5
S.No.	Name of	Year of	Universit	у /	Subjects	Marks	% of
	Examination	Passing	Board			obtained	marks
L2. High	nest qualification ir	Hindi:					
	ning received if any						
	erience (Please give		f, use separ	ate she	eet if required)		
		Post Held	,	From		Job Descript	ion
45.0							
15. Cori	respondence Addre	ess:					
	PIN	N	Phone N	o.:			
16. Perr	manent Home Add	ress:					
	PIN		Phone N	o .			
	1 11	•	T HOHE IV	<u> </u>			
17. PAN	l No.						
	har Card No.:						
	rdian/Emergency (Lontact No.:					
	tact Mobile No.:						
21 Vali	d F-Mail ID·						

Note: Information must be filled against each column clearly. In case incomplete application, the same will not be considered.

I solemnly declare that the above information is true/correct and I understand that in the event of the information found to be incorrect after my appointment, I shall be liable to be dismissed from service.

Date: Signature