एन पी सी सी
NPCC
PROJECT EXCELLENCE SINCE 1957

MINIRATNA CATEGORY – I COMPANY
ISO 9001:2015

नेशनल प्रोजेक्ट्स कन्सट्रक्शन कारपोरेशन लिमिटेड
(भारत सरकार का उद्यम)

National Projects Construction Corporation Limited
(A Government of India Enterprises)

झारखण्ड क्षेत्रीय कार्यालय, Jharkhand Zonal Office
210/C, Ashok Path, Ashok Nagar, Ranchi – 834002, Jharkhand
210/सी, अशोक पथ, अशोक नगर, रांची – 834002, झारखण्ड
Website: www.npcc.gov.in, E-mail: npccranchi@gmail.com

Affix Your Recent Passport Size Colour Photo

1. Name of Candidate (as recorded in Matriculation or equivalent certificate)

2. Father's Name (as recorded in Matriculation or equivalent certificate):

3. Mother's Name (as recorded in Matriculation or equivalent certificate)

4. Sex (Male / Female):

5. Religion:

Marital Status (If married, name of spouse)

Married	Unmarried	(Spouse Name & Nationality)

a). Date of Birth: b). Birth Place/District: c). Birth State/UT:

D	D	M	M	Y	Y	Y	Y		

d). Nationality: e). Mother Tongue:

f). Age as on date (i.e. 31/ 03/2024): Years_____Months_____Days_____

a). Domicile b). Blood Group c). Identification Marks

Whether belongs to:

SC	ST	OBC	OBC(NCL)	Minority	PwBD	EWS	UR

Languages Known:

Languages	Read	Write	Speak

Contd. 2/-

Academic/Professional Qualifications:

S. No.	Name of Examination	Year of Passing	University / Board	Subjects	Marks obtained	% of marks

12. Highest qualification in Hindi: _____
13. Training received if any _____
14. Experience (Please give details thereof, use separate sheet if required)

Name of Organization	Post Held	From To	Job Description

15. Correspondence Address:

PIN Phone No.:

16. Permanent Home Address:

PIN Phone No.:

17. PAN No.:
18. Aadhar Card No.:
19. Guardian/Emergency Contact No.:
20. Contact Mobile No.:
21. Valid E-Mail ID:
22. Passport No._____ Valid up to_____
23. Any other information:

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