



To,
General Manager (HR Acquisitions) I/C
HR Acquisitions Department, FHQ
Oil India Limited

APPLICATION FORMAT

1.	Post applied for			<i>Please affix your recent passport size coloured photograph</i>
2.	Post code			
3.	Name in full (in capital letters)	A) First name		
		B) Middle name		
		C) Surname		
4.	Gender (please tick)	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Others <input type="checkbox"/>
5.	Date of birth (dd/mm/yyyy)	____ / ____ / _____		
6.	Father's name			
7.	Mother's name			
8.	PAN No.			
9.	Nationality			
10.	Marital status			
11.	Aadhaar No.			
12.	Caste Category, As applicable Category (please tick)	A)	GEN <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/>	
		B)	SC/ST/OBC Certificate No. _____ DATE: _____	
	I. Whether belongs to Non-Creamy Layer Category (NCL) (please tick)	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, NCL Certificate no. _____ Date: _____	
	II. Whether belongs to Economically Weaker Section (EWS) (please tick)	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, EWS Certificate no. _____ Date: _____	

13.	I. Whether Persons with Benchmark Disabilities (PwBD) (please tick)	Yes <input type="checkbox"/> No <input type="checkbox"/>				
	II. If yes, please state the category of persons with disabilities (PwBD)	If yes, Disability certificate no. _____ Date: _____			III. Percentage of disability (%): _____ %	
		<i>(as per advertisement, post identified suitable for PwBD for following:</i> a) LV b) HH c) OA, BL, OL, OAL, CP, Dw, AAV, MDy d) MD involving (a) to (c) above				
14.	I. Whether ex-Serviceman (please tick)	Yes <input type="checkbox"/> No <input type="checkbox"/>				
	II. If yes, following details	Date of Enrollment in Defence	Date of Discharge from Defence	Name of Zila Sainik Welfare Office	Registration No.	Date of Renewal
15.	Educational qualification (as applicable)		College/ Institution/ University	Specialization/ Discipline	Year of passing	Percentage of marks obtained/ CGPA/division
	Graduation					
	Post-graduation					
	Others (if any)					
	Any other academic details					
	Member of professional bodies					
16.	Experience, If any	Name & address of organization	Position/ Designation & Grade held	Period of Service From _____ To _____		Nature of duties
	Place of posting					
	I. For experience details, please attach a separate sheet in this format covering all the above headings. Self-attested experience certificates are also to be attached.					
	II. Are you working in a Government Departments/ PSUs/ Autonomous Bodies as on 24/03/2025:			Yes <input type="checkbox"/> No <input type="checkbox"/>		
	III. If yes, do you have at least one-year experience in the PayScale of ₹120,000-2,80,000 (IDA) or in an equivalent PayScale or in a higher scale of pay:			Yes <input type="checkbox"/> No <input type="checkbox"/>		
				If Yes: Please Specify the date: From _____ To _____ Present Payscale _____ to _____ Present Basic Pay _____		

17.	Permanent address (in block letters)	Name –			
		C/O. (If any) –			
		Village /Town / Place –			
		P.O. –	P.S. –		
		District –	State –		
		PIN –			
18.	Present mailing address/correspondence address (in block letters)	Name –			
		C/O. (If any) –			
		Village /Town / Place –			
		P.O. –	P.S. –		
		District –	State –		
		PIN –			
19.	Valid E-mail ID				
20.	Valid Mobile Number				

DECLARATION

I hereby declare and certify that the particulars furnished in the application form hereinabove are true, correct and complete in all respects to the best of my knowledge and nothing has been concealed. In case any information provided by me is found to be incorrect, false, and misleading at any stage/time, I shall be fully responsible for the same and have no objection against the cancellation of my candidature without informing me. I shall have no claim against cancellation of my candidature or for appointment to the post and/or for any legal action against me, as deemed fit by OIL.

Date: _____

Name: _____

Place: _____

Signature of the applicant: _____

Please enclose copy of following documents along with the application:

1. Self-Attested Copy of Birth Certificate or Admit Card/ Pass Certificate/ Marksheet of Matriculation/10th Standard or equivalent certificate indicating Date of Birth for Proof of Date of Birth.
2. Self-Attested Copy of Certificate(s) for Proof of Requisite Educational Qualification.
3. Self-Attested Copy of Certificate(s) for Proof of Post Qualification Work Experience.
4. Self-Attested Copy of Certificate for Proof of Caste Category (SC/ST/OBC) in the Govt. prescribed format, as applicable.
5. Self-Attested Copy of Certificate for Proof of Non-Creamy Layer Category (NCL)/ Economically Weaker Section (EWS) in the Govt. prescribed format, as applicable.
6. Self-Attested Copy of Certificate for Proof of Disability in the Govt. prescribed format (If applicable).
7. Self-Attested Copy of Discharge Book/Service and Release Certificate for Ex-Servicemen (pages containing Personal Particulars and Service Particulars), as applicable

Application in any other format will be summarily Rejected.

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