



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		Nature of duties	Place of posting			
				From	To					
	<p>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.</p>									
II. Are you working in a Government Departments / PSUs/ Autonomous Bodies as on 04/09/2024:				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
III. If yes, do you have at least one-year experience in the PayScale of ₹60,000-1,80,000 (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 _____		

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 Matriculation/10th Standard pass certificate/marksheet indicating 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 Work Experience (If any).
4. Self-Attested Copy of Certificate for Proof of Caste Category [SC/ST/OBC(NCL)] in the Govt. prescribed format, as applicable.
5. Self-Attested Copy of Certificate for Proof of Disability in the Govt. prescribed format (If applicable).

**Application in any other format will be rejected.**

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