



Chief General Manager (HR Acquisitions)
HR Acquisitions Department, FHQ
Oil India Limited, Duliagan

APPLICATION FORMAT

1.	Post applied for			<i>please affix your recent passport size 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.	Caste/EWS, As applicable Category (please tick)	A)	GEN <input type="checkbox"/>	SC <input type="checkbox"/>	ST <input type="checkbox"/>	OBC (CL) <input type="checkbox"/>	OBC (NCL) <input type="checkbox"/>	EWS <input type="checkbox"/>
		B)	SC/ST/OBC (NCL)/EWS Certificate No.					
			Date:					
12.	I. Whether persons with benchmark disabilities (PwBD) (please tick)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, PwBD certificate no.				
		Date:						
	II. If yes, please state the category of persons with disabilities (PwBD)				III. Percentage of disability (%):			
		<i>(as per advertisement, post identified suitable for PwBD for following: OL , Dw as mentioned hereinabove)</i>			_____ %			

13.	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
14.	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					
15.	Experience, If any	Name & address of organization	Position/ Designation & Grade held	Period of Service	Nature of duties	Place of posting
				From To		
<p align="center">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>						
16.	Permanent address (in block letters)	Name C/O. (If any) Village /Town / Place P.O. P.S. District State PIN				

17.	Present mailing address/ correspondence address (in block letters)	Name C/O. (If any) Village /Town / Place P.O. P.S. District State PIN
18.	Valid e-mail address	
19.	Valid mobile no.	
20.	Details of Online Payment	Whether Online Payment made Yes <input type="checkbox"/> No <input type="checkbox"/>
		Whether e-generated copy of payment is enclosed along with application Yes <input type="checkbox"/> No <input type="checkbox"/>
		UTR No. <input style="width: 300px; height: 20px;" type="text"/>

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 Certificate for Proof of Date of Birth in the Govt. prescribed format.
2. Self-Attested Copy of Certificate(s) for Proof of Relevant Work Experience.
3. Self-Attested Copy of Certificate(s) for Proof of Requisite Educational Qualification.
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/Certificate for Persons with Benchmark Disabilities (PWBD) in the Govt. prescribed format, as applicable.
6. Self-Attested Copy of Certificate for Proof of EWS certificate/Ex-Servicemen certificate etc. in the Govt. prescribed format, as applicable.

Application in any other format will be rejected.

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