ANNEXURE - I

SECURITY PRINTING AND MINTING CORPORATION OF INDIA LTD.
(Wholly Owned by Government of India)

APPLICATION FORM

Advt.No.05/2026

1. Name of the Post:
(*in Block Letters*)

Passport size photo

2. Full Name of the Candidate:
(*in Block Letters*)

3. Father's Name:
(*in Block Letters*)

4. Date of Birth:

(Age as on 07.09.2026 – DD/MM/YYYY): __/__/____

5. Permanent Address:

6. Address for correspondence:

7. Contact numbers and email id:

(a) Office No :

(b) Mobile No :

(c) E-mail id :

8. Religion:

9. Nationality:

10. Whether belonging to SC/ST/OBC/EWS/Ex-serviceman/Divyangjan:

11. Details of Educational Qualifications starting from Graduation:

Sr. No.	Details of Exams Passed	Year of Passing	Subjects	Div. /Class and percentage of marks Obtained	Institute/ Board/ University

12. Whether Educational Qualifications required for the post are satisfied: Yes/ No

13. Details of Experience starting from latest employment:

Name of Organization	Position held on regular basis & Level	Period		Pay-scale in IDA on regular basis	Brief description of duties
		From	To		

14. Total Emoluments per month currently drawing:

Pay scale in IDA	Basic Pay in the pay-scale (IDA)	Total Emoluments

15. Whether any relative already working with SPMCIL: Yes/ No
If Yes, please provide details:

16. Details of Computer knowledge & Experience, if any.

17. Training attended during the last 5 years.

Name of training and duration	**Contents/Topic of Training**	**Name of Institute**

18. Whether any criminal case is pending: Yes/ No
If Yes, please provide details:

19. Whether you have been convicted in any criminal case : Yes/ No
If Yes, please provide details:

20. Copies of Certificates/testimonials enclosed.

i. _____ ii. _____

iii. _____ iv. _____

v. _____ vi. _____

DECLARATION:

I have carefully gone through the SPMCIL Advertisement No. 05/2026 and I hereby affirm and declare that the information furnished in this application form (Annexure - I) are true and correct. I undertake that any misrepresentation or material omission made in this application form will render the undersigned liable to immediate dismissal.

Date:

Place:

(Signature of the Candidate)

ANNEXURE- II

CERTIFICATE

(To be filled by the Cadre Controlling Authority forwarding the application for the purpose of Deputation)

1. Certified that the particulars furnished by the Candidate have been checked from available records and found correct.

2. Certified that candidate is eligible as per conditions mentioned in SPMCIL Advertisement No. 05/2026.

3. No vigilance case is pending against the candidate. There is nothing against the Candidate which makes him ineligible for consideration for appointment to post applied for.

4. Complete and up-to-date Annual Performance Appraisal Report/ ACR dossiers for last five (05) years (upto 2025-26) in respect of the candidate are attached/ being sent separately.

5. The integrity of the Officer is beyond doubt.

6. No Major/Minor penalties have been imposed on the officer during the last five (05) years.

7. Certified that in the event of the selection of the candidate he/she shall be spared immediately to join in SPMCIL.

Signature of Competent Authority: _____

Name & Designation: _____

Office Address (with seal): _____

Telephone No: _____

Email Id: _____