

APPLICATION FORM

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1	Name of the Post	
2	Name of the Candidate (all in block letters)	
3	Father's Name	
4	Date of Birth (DD/MM/YYYY)	
5	Age as on _____	
6	Permanent Address	
7	Address for correspondence	
8	Contact Details	Land Line: Mobile: E-mail:
9	Religion	
10	Nationality	

11	Details of Educational Qualifications starting from professional to matriculation.(please attach copies)						
Sl.No.	Details of Qualification	Year of Passing	Subject	% of marks	Board/ University		
12	Details of Experience starting from latest employment :						
S.No.	Name of the Organization	Position held & Level	Period (DD/MM/YYYY)		Pay scale with pay	Last Total Emolument Drawn	Brief description of duties
			From	To			

13. Please specify whether any relative(s) is working in the units of SPMCIL. If so, furnish their name and designation and relationship.

14. Copies of Certificates/testimonials to be enclosed (like PPO, Last Pay Certificate etc.).

- 1.
- 2.
- 3.
- 4.

15. Declaration: I _____ hereby affirm and declare that the statements in the application are true and unexaggerated. I undertake that any misrepresentation or material omission made in this application form will render the undersigned liable to immediate dismissal.

Date:

Place:

Candidate

Signature of the