



NEELACHAL ISPAT NIGAM LIMITED

APPLICATION FORM

Advertisement No. **03/2014/NINL**

Post Code _____ Post _____

Affix your recent
passport size
photograph
duly signed

1. Name

2. Date of Birth

4. Whether belong to SC, ST, OBC
(attach certified photocopy)

5. Educational & Professional Qualification

Qualification	Board/University/Institute	Subjects/ Specialization	Division/ % of Marks/CGPA	Year of passing

6. Details of work experience (use separate sheet, if required)

Name of the Organization (Full name with address)	Position / Designation	Period		Total Salary Drawn	Nature of duties & responsibilities (Give details)
		From	To		

7. Achievements, if any (use separate sheet if required). _____

8. Present address for
Communication

City

State

PIN

9. Contact Telephone No. with STD
code, Mobile number and E-mail
address

Mobile _____

E-mail _____

10. PF Membership Details

Membership No.: _____

Date of joining PF: _____

DECLARATION

I hereby declare that the particulars furnished above are true, correct and genuine to the best of knowledge and belief and I have not willfully suppressed any material information germane to my selection / appointment in NINL. In the event, it is found that information not correct, my selection/ appointment may be terminated at any stage and I shall not raise any issue on the documents.

Place: _____

Date: _____

Enclosures List:

(Signature of Applicant)