

कोचीन शिपयार्ड लिमिटेड / COCHIN SHIPYARD LIMITED

कोच्ची / KOCHI - 15

**APPLICATION FOR THE POST OF (_____)
ON CONTRACT BASIS**

To

The General Manager (HR)
Cochin Shipyard Limited
KOCHI – 682 015

Affix recent
passport size
photograph

Sir

Ref: Your advt No.P&A/2 (239)/14 in.....dated.....for the post
of on Contract basis

I hereby apply for the post ofon
Contract basis in your Company furnishing the following details:

| | | | | |
|----|--|------------|----------|----------|
| 1 | Full Name | | | |
| 2 | Father's Name | | | |
| 3 | Date & Place of Birth | | | |
| 4 | Nationality | | | |
| 5 | Present Address (Postal) | | | |
| 6 | E-mail address | | | |
| 7 | Contact Phone Numbers | Mobile : | | |
| | | Landline : | | |
| 8 | Whether belonging to SC/ST/OBC * | | | |
| 9 | Disability (if any), Category and percentage of Disability (VH/HH/OH)* | | | |
| 10 | Languages known | To read | To write | To speak |
| | | | | |

*Copy of certificate to be attached.

PWD Candidates belonging to OBC category but not covered under “Non-Creamy Layer” should indicate their category as PWD (UR).

.....2/-

11. Educational Qualification: (See item A in the advertisement. All examinations from SSLC/Matriculation onwards – year wise.) Use separate sheet if required.

| Examination | Main Subjects | Name of College/ Institution | Year of passing | Marks obtained*/ Class & Rank | Medals/ Distn/ Awards of Merit |
|-------------|---------------|------------------------------|-----------------|-------------------------------|--------------------------------|
| | | | | | |
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| | | | | | |

*Please attach photocopies of mark sheets.

12. # Experience: (Start from the present position and indicate previous employment in descending chronological orders. Use separate sheet if required. Application will be rejected in case of incomplete information and without supportive documents)

| Sl No | Post held and Organization | Period | | | Nature of duties | Scale of pay | Last basic pay drawn in the post | Reason for change |
|-------|----------------------------|-----------------|---------------|--------------------|------------------|--------------|----------------------------------|-------------------|
| | | From (dd/mm/yy) | To (dd/mm/yy) | Total (yr& months) | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

#copy to be attached

| | | |
|----|---------------------------------------|--|
| 13 | Computer Literacy (Courses completed) | |
| 14 | Special Qualification/ Training## | |
| 15 | Any other information | |

##copy of certificates to be attached

I declare that the particulars furnished above are true and correct to the best of my knowledge and belief.

Place:

Date :

Signature