

Advt. No. 02/2017

THDC INDIA LIMITED

(A Joint Venture of Govt. of India & Govt. of U.P.)
(A MINI RATNA SCHEDULE "A"COMPNAY)

APPLICATION FORMAT

(Use Block Letters Only) (Please fill up this form with utmost care) Affix recent passport size color photograph here

	PFDC/	NIA	I DET	ነል ተተ	g.																
•	PERSONAL DETAILS: 1. Name (as appears in SSC certificate)																				
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	Please put a space between your first name, middle name (if any) and last name.																				
	2. Fath																				
	3. Date of Birth					D	D			MM	[1	YY	YY						
	4. Age	as or	01.11	.201	7	Y	Y]	Mon	ıth			Da	ıys						
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	5. Sex	(wr	ite M o	rF)																	
	6. State	of I	Oomici	le																	
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D.	ACADEMIC /PROFESSIONAL QUALIFICATION (Start from Matriculation/Higher Secondary)
	(Enclose self attested copies of Marksheets & Certificates)

Exam Passed	Institution/ University/ Board	Subject of Study	Period/ Duration of Study	Month& Year of Passing (MM/YYYY)	Aggregate % of Marks/ CGPA(*)	Remarks

((*if it is Cu	mulative Grade Po	int Average (CGPA), please	e convert it to % or	f Marks)	
F		nip Details: self attested copy	of certificate)			
•							• • • • • • • • • • • • • • • • • • • •
F	_	tion No. (Physiot self attested copy of		, ,	l Council of Ind	ia) :	

G. (i) Experience details (Backwards from present position)

(Enclose self attested copies of certificates)

Sl. No.	Name of the organization	Name of Post held	Per	iod	Nature of Duties and		
	with full address of place	with Duration	From	То	Responsibilities of		
	of posting				present and past		
					experience		

(ii) Post Qualification Experience:	 Years	Months

H. Present Salary Drawn

(i) Gross emoluments per month : Rs.

(ii) Pension in case of Retired Govt. Servant : Rs.

I. If selected how much time you would require to join

J.	Spous	e Details :							
	Name	e:							
	-	ouse is employed, please specify nization							
	Desig	gnation							
	Place	e of Posting							
K.	Detail	ls of dependent family members:							
	Sl. No.	Name	DOB/ Age	Sex	Relatio	Relation with Applicant			
L.		Category (GEN/SC/ST	T/OBC/EX-SM)						
		Are you physically challenged? (Ye	es/No)						
		If yes please mention the details as	follows:						
		Type of handicap (please put $()$ in	appropriate box)	VH	HH	OH]		
		Extent of disability as specified in t	he disability certificate	e					
		Do you belong to Minority? (Yes/N	Jo)						
Μ.	R	Religion							
De		ation:							
I a bel to	ffirm ief. I i	that the information given in this a further undertake that if at any stage al or misrepresent the facts, my can any notice.	e it is discovered that a	n attempt has	s been ma	ide by me,	willfull		
Da	te:			Signature _			_		
Pla	ice:			Name –			_		
<u>Lis</u> 1.		<u>Enclosures</u> :							
2.									
3.									
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6.									