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|  | | Date of Birth: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | Age as on : **31.12.2016** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Whether age relaxation is sought | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | |  | | | | | | | No | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | (Tick the appropriate category and enclose valid certificate from the appropriate Authority for categories other than general). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | Details of relatives already employed in IREL and the relationship with such employee, if any : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | Sr.No. | | | | | Degrees  (with Discipline) | | | | | | | | | | | | | | | | | Name of Institute | | | | | | | | | | | | | | | | | | | | | | | | | | Name of University | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Year & Month of Passing | | | | | | | | | | | | | | % of  marks obtained | | | | | | | | Class/ Division | | | | | | | | |
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|  | | | | Work Experience-Post Qualification: (Mention of Pay/Pay Scale Compulsory) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Name of Organisation | | | | | | | | | | | | | | | | Type of Org.  Govt./  PSU/PVT | | | | | | | | | | | Post(s) held | | | | | | | | | | | | | | | From | | | | | | | | | | | | | | | | To | | | | | | | | | | | Years & Months | | | | | | | | | | | | | Scale of Pay and annual gross salary/CTC | | | | | | | | | | | | | | | | | | Job Responsibility | | | | | | | | | |
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|  | | | | Note: You may attach additional sheet to the hard copy for qualification/Experience if the space above is insufficient. Please attach documentary proof in support of above mentioned column 7. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | Extra Curricular activities: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
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|  | | | | If selected specify the minimum required joining time: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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|  | | | | Languages known : | | | | | | | | | | | | | | | | | | | (I) Mother tongue | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
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|  | | | |  | | | | | | | | | | | | | | | | | | | (ii) Other languages | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | (Read, write and speak) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| Details of Demand Draft (if applicable) | | | | | | | | | | | | | | | | | | | | | | DD. Number | | | | | | | | | | | | | | | | | | | | | | | | | Date of DD. | | | | | | | | | | | | | | | | | | | | | | | | | Amount | | | | | | | | | | | | | | | | | | | | | | | | Bank Name | | | | | | | | | | | | | | | | | |
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Place:

Date: (Signature)

**UNDERTAKING**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1) | | Name of the applicant : | | |
|  | | | | | | | | | | | | | | | | | | | |
| 2) | | Age as on **31.12.2016**: | | | | |  | | | | | |  | |  | |  | |  |
|  | | Years | | | | | | Months | | | | Days | | |
|  | | | | | | | | | | | | | | | | | | | |
| 3) | | Date of Birth if you are seeking age relaxation :  (applicable for Ex-servicemen/PwD) | | | | |  |  |  |  | | |  | |  | |  | |  |
|  | | D | D | M | M | | | Y | | Y | | Y | | Y |
|  | | | | | | | | | | | | | | | | | | | |
| 4) | Whether valid certificate for the above claim of age relaxation is attached : | | | | | | | | | | Yes | | |  | | No | |  | |
|  | | | | | | | | | | | | | | | | | | | |
| 5) | | Professional Qualification : | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | |
| i) | | Duration of the course : | | | | | | | | | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | | | |
| ii) | | Mode of study/Learning | | | | | | | | | | | | | | | | | |
|  | | Full time | | Part time | | Correspondence | | | | | | Distance | | | | | | | |
|  | |  | |  | |  | | | | | |  | | | | | | | |
|  | | (Tick the appropriate box). | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | |
| iii) | | Whether the course is approved by AICTE : | | | | | | | | | Yes | | |  | | No | |  | |
|  | | | | | | | | | | | | | | | | | | | |
| 6) | | Whether you possess the prescribed UGC/Autonomous Institutions qualifications and post qualification experience and fulfilling the job profile as per Advertisement. : | | | | | | | | | Yes | | |  | | No | |  | |
|  | |  | | |  | |  | |  | |
|  | |  | | |  | |  | |  | |
|  | | | | | | | | | | | | | |  | |  | | | |
| 7) | | If you are working in a Govt./PSU/Autonomous body: | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | |
| i) | | Whether you have forwarded your application through proper channel or furnished N.O.C. | | | | | | | | | Yes | | |  | | No | |  | |
|  | |  | | |  | |  | |  | |
|  | | | | | | | | | | | | | | | | | | | |
| 8) | | If you are working in a Private Sector Organisation: | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | |
| i) | | Whether you fulfill the criteria of Annual Turnover more than Rs.100 Crores for the period of **2014-15 & 2015-16** of the organization in which you are working. | | | | | | | | | Yes | | |  | | No | |  | |
|  | |  | | |  | |  | |  | |
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| 9) | Please attach self-attested photocopy of each of the following Certificates / Mark sheets / Documents and mention details in columns. | | | |
|  |  | | | |
|  | Sl.  No. | Description | Reference No. of the Certificate | Date of Issue |
|  | (1) | Proof of Date of Birth |  |  |
|  | (2) | Certificate in respect of prescribed Qualification |  |  |
|  | (3) | Mark sheet of prescribed Qualification |  |  |
|  | (4) | Experience Certificate (as applicable) |  |  |
|  | (5) | Details of Demand Draft (if applicable) |  |  |
|  | (6) | Annual Turnover of the organization  **(for private sector candidates).** |  |  |
|  | (7) | Caste Certificate (if applicable) / Non-creamy layer certificate for OBC. |  |  |
|  | (8) | NOC (if working in Govt./PSU) |  |  |
|  | (9) | Discharge Certificate from Defence Services (for Ex-serviceman). |  |  |
|  | (10) | Any other |  |  |

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| --- |
| I hereby declare that all statements as mentioned in this application are true and correct to the best of my knowledge and belief. I understand that in the event of any particulars or information given above being found false or incorrect, or if at any stage it is found that I do not possess the prescribed qualification/experience for the post, my candidature will be rejected ab-initio and I will not have any right to attend the interview nor will have the right to claim Travelling expenses for attending the interview. If any shortcoming(s) is/are detected even after appointment, my services may be terminated.  Place:  Date: (Signature) |