

NLC India Limited

(Formerly Neyveli Lignite Corporation Limited)
('Navratna' - Government of India Enterprise)

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Adv	t. No.	:	02	/20	17																Spa	ce fo	or	
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1. Na	ame in full:																							
2. Fa	ither's Nam	e:																						
3. M	ailing Addre	ss of t	he ap	olica	nt																			
	Descri	ption					(a) P	erm	aner	nt							(1	b) Pı	reser	ıt			
House No, Street Name, Area / Locality, City/Town/Village, Taluk/ Mandal		-																						
Dist	rict																							
Stat	е																							
Pinc	code																							
	rest Railwa		ion	4										4										
Con	tact Numbe	er																						
(c)	email :																							
` '	ate of Birth								:			D	D		M	M	Y	Y	Y	Y				
5. (a) Communit	y							:			SC		S	Т	OI	3C		UR					
(b) Sub-Caste in case of	(Attac	ch doc ST / O	ume BC)	ntary	, evi	dence	•	:		[
6. If	belonging t	to the	follow	ing S	Speci	ial ca	tegor	ies,	deta	ails:														
			Cate	gory					Ye	s / N	lo						D	etai	ils					
	Ex-Service	eman																						
	Physically	/ hand	icappe	ed								If y	es, n	atu	re of	Har	dica	ıp:	ОН	/ H	H /	VH		
7. (Qualificatior	n(s)														_	_					_	_	
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Name of the Employer (Last employment first). Give full address Central Govt. / State Govt. / PSU / Quasi Govt. / PVT. From (DD/MM/YY) To (DD/MM/YY) Designation & Nature of duties Scale of Pay Resignation & Nature of duties Resignatio			
Name of the Employer (Last employment first). Give full address State Govt. / PSU / Quasi Govt. / PVT. State Govt. / PSU / Quasi Govt. / PVT. From (DD/MM/YY) Designation & Nature of duties Scale of Pay Reserved			
Languages Speak Read Write	Reasons f Leaving		
Languages Speak Read Write			
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(a) Markey Taylor	Write		
(a) Mother Tongue			
(b) Other Languages:			
i)			
ii)			
1. Details of Training:			
Institution in which training was obtained with duration and year of Training Nature of Training Remarks			
I hereby declare that all the above information furnished by me is true and complete. I am aw urnishing of false / incomplete information will result in loss of employment at any stage. I also undertake to notify any changes in the information furnished within 7 days of such change.	are th		
Place:			
Date:			
SIGNATURE OF THE APPLICA	ANT		
Note:			

If the space provided in any column is insufficient, separate sheets may be attached. Mention exact dates wherever required

Photostat copies of certificates in support of the information provided should be enclosed along with this

1. 2. 3.

application form.

: Registration No.

8. Medical Council Registration Number