

APPLICATION FOR THE POST OF : TECHNICAL OFFICER/D ( )

POST CODE : \_\_\_\_\_

ADVERTISEMENT NO. : NFC/02/2022

LAST DATE FOR RECEIPT OF APPLICATION : 02.04.2022

FOR OFFICIAL USE ONLY: - SL. NO. _____ DATE OF RECEIPT: _____
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RECENT PASSPORT SIZE PHOTO DULY SIGNED BY THE CANDIDATE
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01. NAME OF THE APPLICANT IN FULL : \_\_\_\_\_  
(IN BLOCK LETTERS AS PER SSC (X STANDARD) CERTIFICATE)

02. DATE OF BIRTH :      
(AS PER SSC/ X STANDARD) (DATE) (MONTH) (YEAR)  
Age as on 11.03.2022      
YEARS MONTHS DAYS

03. GENDER : MALE  FEMALE  OTHERS

04. FATHER'S NAME : \_\_\_\_\_

05. MOTHER'S NAME : \_\_\_\_\_

06. NATIONALITY : \_\_\_\_\_

07. RELIGION : \_\_\_\_\_

08. COMMUNITY : UR  OBC  SC  ST

SUB CASTE IN CASE OF OBC/SC/ST:

09. MARITAL STATUS : MARRIED  UN-MARRIED

NAME OF SPOUSE, IF MARRIED: \_\_\_\_\_

10. HEIGHT :    Cms WEIGHT :    Kgs

11. DO YOU HAVE ANY PHYSICAL DISABILITY: YES  NO

IF YES, TYPE OF DISABILITY:

PERCENTAGE OF DISABILITY:

12. MARKS OF IDENTIFICATION:

1. \_\_\_\_\_

2. \_\_\_\_\_

13. ARE YOU AN EX – SERVICEMAN? YES  NO   
 (IF YES, PL. ENCLOSE DISCHARGE CERTIFICATE)

14. LANGUAGES KNOWN:

LANGUAGE	READ	SPEAK	WRITE	DETAILS OF EXAM. PASSED (if any)

15. ADDRESS (IN BLOCK LETTERS)

i) FOR CORRESPONDENCE:  
 (WITH PIN CODE)

PIN						
MOBILE NO:						
E-MAIL ID:						

ii) PERMANENT ADDRESS :  
 (WITH PIN CODE)

PIN						
MOBILE NO:						
E-MAIL ID:						

**16. EDUCATIONAL QUALIFICATIONS:**

DETAILS MAY BE FURNISHED IN THE FORMAT INDICATED BELOW:  
(TOTAL MAXIMUM MARKS AND PERCENTAGE OF MARKS TO BE FILLED IN CLEARLY WHERE EVER APPLICABLE)

EXAM PASSED	UNIVERSITY/ BOARD / INSTITUTION	YEAR OF PASSING	SUBJECTS	DETAILS OF MARKS			Class
				TOTAL MARKS OBTAINED	MAX MARKS	% of MARKS/ GRADE	
SSC							
HSC/DIPLOMA							
B.E/B.TECH.							
Other qualifications (if any) ↓							

**NOTE:** WHEREEVER THE MARKS ARE INDICATED EITHER AS 'GRADE' / 'CGPA', CANDIDATES ARE REQUIRED TO INVARIABLY INDICATE THE EQUIVALENT PERCENTAGE OF MARKS DULY SUPPORTED BY A CERTIFICATE ISSUED BY AN AUTHORITY OF THE INSTITUTION / UNIVERSITY.

**17. EXPERIENCE \* (INCLUDING SERVICE IN DEFENCE)**

DETAILS OF POST HELD	NATURE OF WORK DONE IN BRIEF	PERIOD		PAY	ORGANISATION NAME & ADDRESS	IF IN GOVERNMENT SERVICE, WHETHER TEMP/ PERMANENT	REASON FOR LEAVING
		FROM	TO				

(\* NECESSARY DOCUMENTS TO BE ENCLOSED IN SUPPORT OF EXPERIENCE)

18. IS THE APPLICANT UNDER ANY CONTRACTUAL OBLIGATION TO SERVE THE CENTRAL / STATE GOVT./ANY OTHER PUBLIC SECTOR UNDERTAKING? IF SO,PLEASE FURNISH FULL DETAILS: \_\_\_\_\_

19. IS THE APPLICANT IN RECEIPT OF ANY PENSION GRATUITY OR EMPLOYER'S SHARE OF CONTRIBUTORY PF FROM THE CENTRAL / STATE GOVT. OR ANY PUBLIC SECTOR UNDERTAKINGS? IF SO PLEASE FURNISH FULL DETAILS: \_\_\_\_\_

20. DETAILS OF RELATIVES EMPLOYED IN NFC OR ANY OTHER CONSTITUENT UNIT OF DEPARTMENT OF ATOMIC ENERGY:

SL. NO.	NAME OF RELATIVE	RELATION	UNIT	POST HELD

21. PLEASE **FURNISH REFERENCES** OF TWO PERSONS (NOT RELATIVES):

S.NO.	NAME	OCCUPATION	ADDRESS WITH CONTACT DETAILS
01.			
02.			

22. HOBBIES/  
EXTRA CURRICULAR ACTIVITIES (IF ANY) : \_\_\_\_\_

23. ANY OTHER INFORMATION THE APPLICANT WISHES TO PROVIDE IN SUPPORT OF HIS/HER APPLICATION : \_\_\_\_\_

24. APPLICATION FEE DETAILS (IF APPLICABLE):

DD No.: \_\_\_\_\_

DD DATE: \_\_\_\_\_

BANK Name: \_\_\_\_\_

BRANCH: \_\_\_\_\_

25. LIST OF DOCUMENTS ENCLOSED:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

26. I \_\_\_\_\_ S/O/D/O \_\_\_\_\_ DECLARE THAT ALL THE INFORMATION GIVEN ABOVE IS CORRECT AND I UNDERSTAND THAT FURNISHING FALSE INFORMATION IF DETECTED AT ANY TIME MAKES ME LIABLE FOR TERMINATION, IF APPOINTED. I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE ORGANISATION.

PLACE : \_\_\_\_\_

DATE : \_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF THE CANDIDATE

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**CHECKLIST (TO BE ATTACHED TO THE APPLICATION)**  
**PLEASE CHECK IN THE RELEVANT BOX (√)**

- |     |   |                          |
|-----|---|--------------------------|
| 01. | LATEST COLOUR PHOTOGRAPH AFFIXED.<br>(DULY SIGNED ACCROSS BY SELF)  | <input type="checkbox"/> |
| 02. | APPLICATION IN PRESCRIBED FORMAT DULY SIGNED  | <input type="checkbox"/> |
| 03. | ATTESTED COPIES OF CERTIFICATES ATTACHED :  | <input type="checkbox"/> |
|     | A) ATTESTED COPY OF CERTIFICATE IN SUPPORT OF DATE OF BIRTH   | <input type="checkbox"/> |
|     | B) ATTESTED COPIES OF ALL THE CERTIFICATES IN SUPPORT OF<br>EDUCATIONAL QUALIFICATIONS STARTING FROM X STANDARD   | <input type="checkbox"/> |
|     | C) ATTESTED COPY OF CASTE CERTIFICATE (SC/ST/OBC) IN THE<br>PRESCRIBED FORMAT (If Applicable)   | <input type="checkbox"/> |
|     | D) ATTESETED COPY OF EXPERIENCE CERTIFICATE   | <input type="checkbox"/> |
|     | E) ATTESTED COPY OF DISCHARGE CERTIFICATE IN SUPPORT OF EX-<br>SERVICEMEN (If Applicable)   | <input type="checkbox"/> |
|     | F) DECLARATION OF INFORMING PRESENT EMPLOYER (OR)<br>NO OBJECTION CERTIFICATE IN CASE APPLICANT WORKING UNDER<br>CENTRAL/STATE GOVERNMENT, PUBLIC SECTOR UNDERTAKINGS,<br>AUTONOMOUS BODIES, ETC. | <input type="checkbox"/> |
|     | G) ATTESTED COPY OF CERTIFICATE FOR CLAIMING AGE RELAXATION<br>ADMISSIBLE FOR PERSONS AFFECTED BY 1984 RIOTS.<br>(please refer para-9 of general conditions of advertisement)                     | <input type="checkbox"/> |
|     | H) ATTESTED COPY OF CERTIFICATE REGARDING DOMICILE IN KASHMIR<br>DIVISION<br>(please refer para-8 of general conditions of advertisement)   | <input type="checkbox"/> |
|     | I) DD FOR PAYMENT OF APPLICATION FEE (IF APPLICABLE)  | <input type="checkbox"/> |

SIGNATURE OF THE CANDIDATE WITH DATE \_\_\_\_\_

**DECLARATION FOR CANDIDATES SERVING IN GOVERNMENT ORGANIZATIONS/PSUs**

I, \_\_\_\_\_, S/OD/O \_\_\_\_\_,  
HEREBY DECLARE THAT I HAVE INFORMED MY PRESENT EMPLOYER  
VIZ., \_\_\_\_\_, ABOUT MY  
APPLICATION FOR THE POST OF TECHNICAL OFFICER 'D' (\_\_\_\_\_) IN NFC  
AGAINST ADVT. NO. NFC/02/2022.

SIGNATRURE WITH DATE

NAME IN FULL: \_\_\_\_\_