	I AERONAUTICS LIMITED RPORATE OFFICE pplication Format RUITMENT DRIVE (PWDs) - 2016 and Attempt) tion Format in CAPITAL LETTERS only)	Paste Self Attested recent passport size colour photograph			
1	Name of the Post & Post Code applied for (as per the Detailed Web Advertisement) (Please tick only one option)	Technician Trainee (Channel C) (Scale 5) (NT52016) Technician Trianee (Channel B) (Scale 4) (NT42016) Admin./Commercial/ Accounts Trainee (Channel D) (Scale 6) (NA62016) Admin./Commercial/ Admin./Commercial/ Accounts Trainee (Scale 5) (Channel C) NA52016			
2	Name of the Discipline / Trade (only for the Post of Technician Trainee)	Turner / Grinder / Machinist / Fitter / Painter (Please tick)			
3	Name in Full (As in SSLC / SSC Certificate)				
4	Gender	Male 🗌 Female 🗌			
5	Father's Name				
6	Mother's Name				
7	Marital Status	Married Unmarried]		
8	Nationality				
9	Sate of Domicile				
10	Date of Birth (DD / MM / YYYY)				

11	Age as on 15.3.16	Years Months Days			
12	Religion (Please tick):	Hindu / Muslim / Christian , / Zoroastrians / Jain / Oth	-		
13	Category	SC / ST / OBC / GEN			
	Permanent Address	Address for Communication (All future Communications will be made on this Address only)			
14					
15	Phone / Mobile Number (Compulsory / Mandatory)				
16	6 E-mail ID (Compulsory / Mandatory)				
	orrespondences to the candidates will be didate in the application format. No other r				
17	Nearest Railway Station (with reference to the present address)				
18	Were you domicile of J & K during the period from 01.01.1980 to 31.12.1989? If Yes, please enclose the proof.	Yes No			
19	Are you an Ex – Servicemen?	Yes No	o 🗌		
		Please tick whichev Visually Handicapped (VH) Yes / No Low Vision Yes / No	ver is applicable Hearing Handicapped (HH) Yes / No		
20	Details of Disability	(Candidates with Low Vision are <u>only Eligible</u> to apply)	Degree of Disability %		
		Degree of Disability %			
		Do you Need Assistance /Scribe : Yes / No			

		Certificate No:		
21	Details of Disability Certificate	Date of Issuance:		
		Issuing Authority:		
	Have you been interviewed by HAL any time earlier?			
22	If yes, please give the details of the post for which you have been interviewed and also date/year	Yes / No		
	Details of the present employment (if applicable): i) Nature of Organization	Private sector / Public sector/ Govt organisation / Quasi Govt. Organisation		
	ii) Drecent Day, and Allower concerns	Scale of Pay:		
		Basic Pay:		
23		Grade Pay (if applicable):		
		Dearness Allowance (DA):		
	 ii) Present Pay and Allowances per month 	HRA:		
		Date of Issuance: Issuing Authority: Yes / No Private sector / Public sector/ Govt organisation Quasi Govt. Organisation Scale of Pay: Basic Pay: Grade Pay (<i>if applicable</i>): Dearness Allowance (DA):		
		Gross Salary per month:		
		CTC per Annum:		
24	Are you willing to be posted anywhere in India?	Yes / No		
25	Have you taken VRS from any PSU/Government organisations? If yes, please mention Date of VRS? And the Amount of received as Ex-gratia?	Yes / No		

26. Qualification <u>still pursuing</u> at the time of submission of Application:

SI. No.	Qualification Name	School / Board / University / Institution	Month & Year of joining the Course	Duration of the course (in Yrs)	Mode of Study Full Time / Part Time / Correspondence	Likely Date / Month / Year of Completion of the Course

	Name of	Discipline /	nassing	School / Board / University / Institution	Duration of the Course (in yrs)	Mode of Study Full Time / Part Time / Correspondence	Marks Secured		% of
Qualification	the Degree Iraa	Trade / Subjects					Marks Obtained	Max. Marks	Marks
SSLC / SSC									
Intermediate									
ITI									
NAC /NCTVT									
Diploma									
Graduation									
Post Graduation									
Proficiency Certificate in Typing / Stenography / Computers									
Any Other Additional Qualification									

27. Details of Educational Qualification <u>possessed</u> as on date of submission of Application (use a separate sheet if required):

28. Apprenticeship Details:

Institution / Organiz	ration	Period	Trade	
	Fro	om To		

29. Details of Employment (in Chronological order) if any (use separate sheet if required)

Name of the Organization	Designation	Pe	riod	Pay Scale / Gross Pay	Reason for Leaving
		From	То		
			Organization Designation	Organization	Organization Designation Gross Pay

30. Total Experience in No. of Years / Months (if applicable):YearsMonths.

31. Any Other relevant Details:

DECLARATION

I hereby declare that the above statements are true & complete to the best of my knowledge and belief. In case of any changes in the information furnished above, the same will be informed forthwith. In the event, the information is found to be false or incorrect, my candidature / appointment may be considered terminated without any notice.

Place :

Signature of the candidate

Date :

Signature of the Candidate: ____