For Office Use Only

SC/ST/OBC/GEN /EX-SM	Token No.	Eligible/Not- Eligible(E/NE)	Remarks
Token / slip issued registration to be Applica	attached with	Signature of the Registering Officer	

	Application	omeer		
	FORMAT O	F APPLICATION		
To,				Paste
ŕ				Recent colour
AAI AAI Delh	Chief Executive Officer Cargo Logistics & Allied Services C CLAS Complex ii Flying Club Road, Safdarjung Airpor V DELHI-110 003	- v		Photograph &
				sign across
	ITION APPLIED FOR: SECURITY TION FOR WHICH APPLIED: Full Name: (In BLOCK letters)			
	First	Middle		Surname
2.	Father's Name:			
3.	Date of Birth: (DD / MM / YYYY)		
4.	Place and State of Birth:		/	
5.	Address for correspondence:			
	State:	Pin Code:		
	Permanent Address:			

	State: Pin Code:					
	Telephone N	No: (Residence with	h STD Code):			
	Mobile No.: _ Email ID:		Alterna	ate Mobile N	lo.:	
5. C	Gender :	Male /	Female			
7. Ma	arital Status :	Mark 'X' in appro	priate box.			
U	nmarried	Married	Divorce	Widov	v (er)	Separate
	NI (' I')		0	D 1: :		
8.	-	<i>7</i> :		Religion :		
10.		ngue:			AN No :	
12.	(a) Aadhar	Card No.:	(b) Pas	sport No		
13.	Height: (Ba	are feet in cms.)		14. We	ight:	Kgs.
			1 1 1 1'			
	appropriate l	_ ,	belong by markin		OBC	General
	appropriate l	box.)	- '		OBC	General
	Name Name If SC / ST – at If OBC, furnish should be as per	box.)	SC ste Certificate.	ST Creamy layer	er clause".	OBC comm
	Name Name If SC / ST – at If OBC, furnish should be as per [As per formation]	of Sub-Caste ttach copy of the Cast h current Certificate is er the Central List of	SC ste Certificate.	ST Creamy layer	er clause".	OBC commu
	Name Name If SC / ST – at If OBC, furnish should be as per format b) Whether E	of Sub-Caste ttach copy of the Cast h current Certificate is er the Central List of the tin Annexure 'B']	SC ste Certificate. including the "Non OBCs published by	ST Creamy layer the Government:	er clause". ment of Ir Yes /	OBC commundia
	Appropriate to Name If SC / ST – at If OBC, furnish should be as per [As per format b) Whether Edit If 'Yes', furnisher release (at the same of the s	of Sub-Caste ttach copy of the Cast h current Certificate is er the Central List of at in Annexure 'B'] Ex-Serviceman aish details of service attach copies of relevant	SC ste Certificate. including the "Non OBCs published by	ST Creamy layer the Government:	er clause". ment of Ir Yes /	OBC commundia No of experience

Semi-Govt. / Public Sector Undertaking or autonomous body

If "Yes", enclose "No Objection Certificate"

16. Education Qualifications: (Matriculation / SSC onwards)

Examination(s) Passed (specify Degree e.g. BA/BSc/ B.Com etc. / Diploma / course	Name of the University / Institution	Date, Month & Year of Passing	Duration	Percentage of marks (Class / Division)
10 (SSC)				
12 (HSc or Pre- Degree)				
Graduation				
Any other (specify)				_

17. Fluency in languages: Mark 'X' in an appropriate column.

Language	Read	Speak	Write	Remarks*
a) English				
b) Hindi				
c) Bangla				
Others (Specify)				

^{*} Indicate whether any Certificate / Language Course done and the duration of the course, along with a copy of such Certificate.)

18. Work Experience (if any):

Post Held	Period of Service		Nature of Job
	From	То	
_	Post Held		

19.				
Preferable Qualification	Date of getti certification		Validit	у
			From	To
AVSEC				
X-BIS				
NCC Certificate "B"				
NCC Certificate "C"				
(b) If Yesii (a) When(b) If Yes, 21. Particulars	, furnish full details re you ever arrested furnish full details of Demand Draft is	s on a separate shal?	Yes	No No No V
Name & Address Bank & I	O	Date of Issue	Demand Draft N	No. Amount
				Rs.500/-
22. Relatives wo	rking in AAI / AA	I Cargo Logistics	& Allied Services C	Company Ltd.:
Name	Desig	nation	Company	Relationship
knowledge and the above state any material fa the advertiseme	d belief. I have not ement. I am aware ct or factual inform	that in case I have nation, or I do not ewill be rejected	material fact or fact e given wrong inform t fulfil the eligibility	ect to the best of my etual information in mation or suppressed criteria according to d without giving any

Date:

(Signature of applicant)

<u>List of Documents(copies) to be attached with the Application</u>:

(Please also bring all ORIGINAL DOCUMENTS / CERTIFICATES for verification only)

- i) Demand Draft (Not applicable for SC/ST/Ex-Servicemen/Female).
- ii) 10th Std / Matriculation Mark-sheet & Passing Certificate
- iii) 12th Std / Pre-Degree Mark-sheet and Passing Certificate
- iv) Graduation Certificate or Provisional Degree Certificate
- v) No Objection Certificate from present employer, if applicable.
- vi) NCC "A, B, C" / Basic AVSEC / X-BIS Certificate
- vii) Caste Certificate in case of SC / ST / OBC candidates
- viii) Discharge Certificate in case of Ex-Servicemen
- ix) Experience Certificate
- xi) PAN Card Copy
- xiii) Aadhar Card Copy
- xiv) Passport Copy
- xiv) Any documents in regard with point no. 20 of Application Format

TO WHOMSOEVER IT MAY CONCERN

I Dr	have clinically examined Mr / M	Is
Age	(Years) date of birth	and certify that
his / her height/weight as follows:		
Height:cms		
Weight: Kgs		
Signature of the Doctor		
Name of the Doctor		
Registration no:		
Stamp		
Date of issuance:		

to posts under the Gov	ernment of India.	
This is to certify that		
Son of	of Vi	llageDistrict
		State
		which is recognized as a Backward
_	nment of India, Ministry of Welfa	<u>C</u>
BCC(C), dated 10 th Se Section I, dated 13 th ordinarily reside(s) in	eptember 1993 published in the Ga September 1993. Shrithe	azette of India Extra-Ordinary Part Iand/or his family
	eSt	ate.
This is also to certify t	hat he/she does not belong to the p	person/sections (Creamy Layer)
mentioned in column 3	3 of the Schedule to the Governme	ent of India, Department of
Personnel and Training	g O.M. No. 36012/22/93-Estt.(SC	Γ), dated 8.9.93.
Date :	Seal	District Magistrate Deputy Commissioner
etc		

Form of certificate to be produced by Other Backward Classes applying for appointment

- N.B. (a) The term 'ordinarily' used here will have the same meaning as in Section 20 of the Representation of the Peoples Act, 1950.
- (b) Where, the certificates are issued by Gazetted Officers of the union Government or State Governments, they should be in the same form but countersigned by the District . Magistrate of Deputy Commissioner (Certificate issued by Gazetted Officers and attested by District Magistrate/Deputy Commissioner are not sufficient).