

:6:

AIRINDIAAIRTRANSPORTSERVICESLIMITED

(AWHOLLYOWNEDSUBSIDIARYOFAIRINDIALTD)

ForOfficeUseOnly

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

FORMATOFAPPLICATION

To,

AIR INDIAAIRTRANSPORTSERVICES LTD.
Air-Unity Complex
Pallavaram Cantonment, Chennai 600 043

Paste
Recentcolour
Photograph &
sign across

POSITIONAPPLIED FOR :**SECURITYAGENT**

StationPreferred:

AIATSL reserves the right to post the selected candidates to any station as per the requirement of the Company.

1. FullName:(In BLOCK letters)

_____ *First* _____ *Middle* _____ *Surname* _____

2. Father'sName: _____

3. Dateof Birth : (DD /MM /YYYY) _____

4. Place and State of Birth: _____

5. Address for correspondence: _____

Pin Code _____

State : _____

a) Telephone No :Residence (withSTD Code): _____

b) MobileNo. : _____ c) AlternateMob No _____

d)emailID: _____

: 7 :

6. Gender :Male / Female

7. Marital Status :Mark 'X' in appropriate box.

Unmarried	Married	Divorce	Widow (er)	Separated

8. Nationality: _____

9. Religion: _____

10. Mother Tongue : _____

11. PAN No : _____

12. Aadhaar Card No. : _____

13. Height: (Bare feet in cms.) _____

14. Weight: _____ Kgs.

15. a) Whether SC /ST/ OBC / General: (ALSO MENTION SUB-CASTE)
(Indicate Category to which you belong by marking 'X' in the appropriate box.)

Sub-Caste	SC	ST	OBC	General

If SC /ST- attach copy of the Caste Certificate.

If OBC, furnish current Certificate including the "Non Creamy layer clause". OBC Community should be as per the Central List of OBCs published by the Government of India [As per format in Annexure 'B']

b) Whether Ex-Serviceman : Yes / No

If 'Yes', furnish details of service, position held, date of release, details of experience after release (attach copies of relevant documents)

c) Whether from Police Services : Yes / No
(Furnish details)

d) Whether working in any Govt: Yes / No
Semi-Govt. / Public Sector
Undertaking or autonomous body

If "Yes", enclose "No Objection Certificate"

16. (a) Education Qualifications: (Matriculation/SSC onwards)

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

Certificate passed	Date of getting certification	Validity	
		From	To
BCAS Basic AVSEC (12 days new pattern)			

(b) Preferable Qualifications

Certificate passed	Date of getting certification	Validity	
		From	To
AVSEC			
XBIS Screener			
In-Line Screener			
Non-AVSEC			
NCC 'B'/'C' Certificate			
Proficiency in fire fighting			
Knowledge of Industrial Security			
Knowledge of disaster management			
Legal Knowledge			
Armed forces / Police back grounds			
Diploma/Certification course in Computers			

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

Language	Read	Speak	Write	Remarks*
a) English				
b) Hindi				
Local (Specify)				
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):

Organisation	Post Held	Period of Service		Nature of Job
		From	To	

20. i(a) Is any case pending against you with the police or court? Yes No
 (b) If Yes, furnish full details on a separate sheet of paper
- ii(a) Were you ever arrested? Yes No
 (b) If Yes, furnish full details.

21. Particulars of Demand Draft issued:-
 (In favour of **Air India Ltd.** payable at **CHENNAI**)

Name & Address of the Issuing Bank & Branch	Date of Issue	Demand Draft No.	Amount
			Rs.500/-

22. Relatives working in Air India Ltd. or its subsidiary companies:

Name	Designation	Company	Relationship

23. **Declaration: I hereby certify that the foregoing information is correct to the best of my knowledge and belief. I have not suppressed any material factor** **factual**
information in the above statement. I am aware that in case I have given wrong information or suppressed any material factor or factual information, or I do not fulfill the eligibility criteria according to the advertisement, my candidature will be rejected/services terminated without giving any notice or assigning reasons therefore.

Place : _____

 (Signature of applicant)

Date: _____

:10:

List of Documents (copies) to be attached with the Application:

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

- i)** Demand Draft, wherever applicable
- ii)** 10th Std / Matriculation Mark-sheet & Passing Certificate
- iii)** 12th Std / Pre-Degree Mark-sheet and Passing Certificate
- iv)** 1st / 2nd / 3rd year of Graduation Mark-sheets
- v)** Graduation Certificate or Provisional Degree Certificate
- vi)** Basic AVSEC (12 days new pattern Certificate)
- vii)** Certificate mentioned in 16(b) (Preferable Qualifications) of Application Format
- viii)** Doctor's Certificate (in original) for Height & Weight
- ix)** Caste Certificate in case of SC/ ST/OBC candidates
- x)** Discharge Certificate in case of Ex-Servicemen
- xi)** Experience Certificate
- xii)** Nationality/ Domicile Certificate
- xiii)** PAN Card Copy
- xiv)** Aadhaar Card Copy
- xv)** Any documents in regard with point no.20 of Application Format

TO WHOMSOEVER IT MAY CONCERN

I Dr. _____ have clinically examined Mr / Ms _____
_____ 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 :

Form of certificate to be produced by Other Backward Classes applying for appointment to posts under the Government of India.

This is to certify that
Son ofof VillageDistrict / Divisionin theState belong to the Community which is recognized as a Backward Class under the Government of India, Ministry of Welfare Resolution No. 12011/68/93-BCC(C), dated 10th September 1993 published in the Gazette of India Extra-Ordinary Part I, Section I, dated 13th September 1993. Shriand/or his family ordinarily reside(s) in the
.....
District/Division of theState.

This is also to certify that he/she does not belong to the person/sections (Creamy Layer) mentioned in column 3 of the Schedule to the Government of India, Department of Personnel and Training O.M. No. 36012/22/93-Estt.(SCT), dated 8.9.93.

Date : Seal District Magistrate
Deputy Commissioner
etc.

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).

Government of
(Name & Address of the authority issuing the certificate)

INCOME & ASSETS CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTION

Certificate No. _____

Date: _____

VALID FOR THE YEAR _____

This is to certify that Shri/Smt./Kumari _____ son/daughter/wife of _____ permanent resident of _____ Village/Street _____ Post Office _____ District _____ in the State/Union Territory _____ Pin Code _____ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/her 'family'** is below Rs.8 lakh (Rupees Eight Lakh only) for the financial year _____. His/her family does not own or possess any of the following assets***:

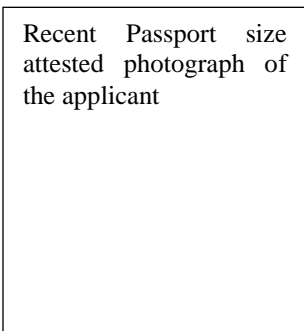
- I. 5 acres of agriculture land and above;
- II. Residential flat of 1000 sq.ft and above;
- III. Residential plot of 100 sq.yards and above in notified municipalities;
- IV. Residential plot of 200 sq.yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari _____ belongs to the _____ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List).

Signature with seal of Office _____

Name _____

Designation _____



*Note1: Income covered all sources i.e. salary, agriculture, business profession etc.

**Note2: The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years.

***Note3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.