

ADVT. No. DMRC/PERS/19/HR/2019 (07)

ANNEXURE I

DMRC APPLICATION FORMAT

(TO BE FILLED IN CAPITAL LETTERS BY THE APPLICANT IN HIS/HER OWN HANDWRITING)

S.No.	DETAILS		PARTICULARS					
1 A	POST NAME			Consultant PA				
В	POST CODE			CPA 01				
С								
2	APPLICANT NAME (Sh./Smt./Ms.)							
3	FATHER / HUSBAND NAME (Sh.)							
4	DATE OF BIRTH (dd/mm/yyyy)							
-	AGE as on 01/01/	2019 (Min 58 years -	VEA	YEARS MONTHS DA				
5	Max 62 years)	ζ υ	YEA	YEARS MON'		THS DAYS		
6	CORRESPONDE	CORRESPONDENCE ADDRESS						
					PINCODE:			
7		IBER WITH STD	STATE:		PINCODE	:		
/	CONTACT NUN	IDEK WITH SID						
8		FD						
9	MOBILE NUMBER EMAIL ID							
<u> </u>								
10	CATEGORY (SC/ST/OBC/GENERAL)							
11	EDUCATIONAL QUALIFICATIONS							
				Institute /	% or	Passing		
	Qualification	Particulars	Specialization	Institute / University	% or CGPA	Passing Vear		
	Qualification	Particulars	Specialization	Institute / University	% or CGPA	Passing Year		
		Particulars	Specialization					
A	Qualification GRADUATION	Particulars	Specialization					
A		Particulars	Specialization					
A		Particulars	Specialization					
A		Particulars	Specialization					
A		Particulars	Specialization					
	GRADUATION	Particulars	Specialization					
B	GRADUATION			University	CGPA	Year		
	GRADUATION	ERIENCE (AS ON LAS	T DATE OF RE	University CCEIPT OF AP	CGPA	Year		
B	GRADUATION		T DATE OF RE	University CCEIPT OF AP	CGPA	Year		
B	GRADUATION OTHER WORK EXPH	ERIENCE (AS ON LAS	T DATE OF RE	University CCEIPT OF AP E COLUMN)	PLICATIO	Year		
B 12	GRADUATION OTHER WORK EXPH	ERIENCE (AS ON LAS (FILL ONLY TH	T DATE OF RE	University CCEIPT OF AP E COLUMN)	PLICATIO	Year DN)		
B 12	GRADUATION OTHER WORK EXPH	ERIENCE (AS ON LAS (FILL ONLY TH EXPERIENCE	T DATE OF RE	University CCEIPT OF AP E COLUMN) RS MONT	PLICATIO	Year DN)		
B 12 I	GRADUATION OTHER WORK EXPH	ERIENCE (AS ON LAS (FILL ONLY TH EXPERIENCE DETAIL	T DATE OF RE E APPLICABLI YEA	University CCEIPT OF AP E COLUMN) RS MONT	PLICATIO	Year DN)		
B 12	GRADUATION OTHER WORK EXPH TOTAL	ERIENCE (AS ON LAS (FILL ONLY TH EXPERIENCE DETAIL MPLOYED /	T DATE OF RE E APPLICABLI YEA	University CCEIPT OF AP E COLUMN) RS MONT	PLICATIO	Year DN)		
B 12 I	GRADUATION OTHER WORK EXPH TOTAL CURRENTLY E SUPERANNUAT	ERIENCE (AS ON LAS (FILL ONLY TH EXPERIENCE DETAIL MPLOYED /	T DATE OF RE E APPLICABLI YEA S OF EXPERIE	University CCEIPT OF AP E COLUMN) RS MONT	PLICATIO	Year DN)		

III B	LAST ORGANIZATION							
IV	DATE OF SUPERANNUATION							
V	(dd/mm/yyyy) FOR APPLICANT in <u>CDA</u> SCALE (Complete details of service / position held since							
•	joining) (separate sheet may be attached)							
	Post Held	Organization Name	Pay Scale (CDA)	dd/mm/yy – dd/mm/yy				
Α								
В								
С								
D								
VI	FOR APPLICANT in <u>IDA</u> SCALE (Complete details of service / position held since joining) (separate sheet may be attached)							
	Post Held	Organization Name	Pay Scale (IDA)	Period (From – To) dd/mm/yy – dd/mm/yy				
A								
В								
С								
D								
VII	ESSENTIAL WORK EX							
	WORKING EXPERIE COMPUTER APPLICA		YES / NO					
VIII	OFFICE ETC. BRIFF DESCRIPTION	OF THE WORK EXPER	ENCE (Senarate sheet may be attached)					
· III	BRIEF DESCRIPTION OF THE WORK EXPERIENCE (Separate sheet may be attached)							
	WHETHER ANY							
13	AWARDED TO APPL YEARS	LICANT IN LAST 10	YES / NO					
	IF YES, DETAILS OF C	ASE						
14	WHETHER ANY ACTIC GOING ON AGAINST A	_	YES / NO					
		- ·						
	IF YES, DETAILS OF IN	NQUIRY						
	NOC EDOM CUD	DENT EMDIONED						
15	NOC FROM CUR ENCLOSED (IF CURRE	RENT EMPLOYER ENTLY SERVING)	YE	S / NO				

ANNUAL PERFORMANCE APPRAISAL REPORTS FOR LAST 5 YEARS ENCLOSED (IF CURRENTLY SERVING)

I hereby declare that the particulars furnished above are true. I understand that my candidature will be cancelled if any information is found to be incorrect or false at any point in time.

Date: _____

Place: _____

Signature of Candidate

Name:			
Mobile No. :			
Email ID:			

Documents to be enclosed (whichever applicable)

- 1. Educational Certificates (Graduation, Post Graduation & Others)
- 2. Work Experience Certificate
- 3. NOC from Employer (In Case of Serving Employee)
- 4. APAR Last 5 years