



**MECON LIMITED**  
(A GOVERNMENT OF INDIA ENTERPRISE)  
RANCHI – 834002, JHARKHAND

**APPLICATION FORM**

Affix recent colored  
passport size self  
attested photograph

Advertisement No: ..... Dated: .....

|   |  |             |        |  |                              |   |   |                         |   |                    |  |
|---|--|-------------|--------|--|------------------------------|---|---|-------------------------|---|--------------------|--|
| 1 | <b>POST APPLIED FOR</b>  |             |        |  |                              |   |   |                         |   | <b>POST CODE</b>   |  |
| 2 | <b>NAME (IN CAPITAL)</b><br><i>(As appearing in matriculation certificate)</i> |             |        |  |                              |   |   |                         |   |                    |  |
| 3 | <b>FATHER'S/ SPOUSE'S NAME</b>   |             |        |  |                              |   |   |                         |   |                    |  |
| 4 | <b>GENDER</b><br><i>(Put a tick mark)</i>                                      | Male        | Female | Others   |                              |   | <b>Marital Status</b><br><i>(Put a tick mark)</i> |                         | Married / Unmarried / Others<br><i>(Please specify if Others)</i> |                    |  |
| 5 | <b>DATE OF BIRTH</b>   | D           | D      | M  | M                            | Y   | Y   | Y                       | Y   | <b>NATIONALITY</b> |  |
|   |  |             |        |  |                              |   |   |                         |   |                    |  |
| 6 | <b>Age</b><br><i>(As on prescribed date in advertisement)</i>                  | Year        |        |  | Mont<br>hs                   |   | Days  |                         |   |                    |  |
| 7 | <b>CATEGORY</b><br><i>(Put a tick mark)</i>                                    | General     | SC     | ST   | OBC (Non<br>Creamy<br>Layer) |   | (Attach documentary evidence)                     |                         |   |                    |  |
| 8 | <b>Whether Person with Disability</b><br><i>(Put a tick mark)</i>              | Yes         | No     | <i>If Yes, State the nature of Disability (OH/VH/HH) ..... (Attach documentary evidence)</i><br>% of disability..... |                              |   |   |                         |   |                    |  |
| 9 | <b>Whether Ex Servicemen</b><br><i>(Put a tick mark)</i>                       | Yes         | No     | <i>If Yes, indicate the following</i>  |                              |   |   |                         |   |                    |  |
|   |  |             |        | Commissioned Officer   |                              | Short Service Commissioned Service/Emergency Commissioned Officer |   |                         |   |                    |  |
|   |  | Indian Army |        | Indian Navy  |                              | Indian Air Force  |   | Others (please specify) |   |                    |  |

|  |   |   |  |  |  |                                     |   |
|--|---|---|--|--|--|-------------------------------------|---|
| 10   | <b>Whether Meritorious Sportsperson</b><br>(Put a tick mark)  |   | Yes  | No   |  |                                     |   |
|  | If Yes, whether represented in the following ((Put a tick mark)   |   |  |  |  |                                     |   |
|  | International competition / sports  | National competition / sports                 | Inter University competition / sports      | State School Teams in National Sports by All India School Games Federation | Awarded National Awards in Physical Efficiency under National Physical Efficiency Drive. |                                     |   |
|  |   |   |  |  |  |                                     |   |
| 11   | <b>Whether Domiciled in the State of Jammu &amp; Kashmir during the period 01.01.1980 to 31.12.1989.</b><br>(Put a tick mark) |   | YES  | NO   |  |                                     |   |
| 12   | <b>ACADEMIC AND PROFESSIONAL QUALIFICATIONS (Starting from Matriculation)</b>   |   |  |  |  |                                     |   |
|  | Name of Examination passed  | Whether full time / part time/ correspondence | Duration of the course                     | Name of the Institution / University                                       | Main Subjects/ Specialization  | Month & year of passing *           | Grade# / % marks & Class/ Division          |
|  |   |   |  |  |  |                                     |   |
|  |   |   |  |  |  |                                     |   |
|  |   |   |  |  |  |                                     |   |
|  |   |   |  |  |  |                                     |   |
| <p>* Date of declaration of result/ date of issue of final semester marks sheet/ provisional certificate/ degree, whichever is earlier will be considered as the date of passing the examination. Please provide complete information. Use separate Annexure/sheet if required.</p> <p>#Equivalent % to be mentioned in bracket.<br/>(Please attach self attested copies of all certificates/ mark sheets)</p> |   |   |  |  |  |                                     |   |
| 13   | <b>Details of additional qualification(s)/training(s) undergone (if any)</b>  |   |  |  |  |                                     |   |
|  | Name of qualification/ Training Programme   | Whether full time/ part time/ correspondence  | Duration of the course/ Training programme | Name of the Institution/ University  | Main Subjects / Specialization / Training content  | Month & year of passing/ Training * | Grade# / % marks & Class/ Division (if any) |
|  |   |   |  |  |  |                                     |   |
|  |   |   |  |  |  |                                     |   |
| <p>(Please attach self attested copies of all certificates/ Testimonials)</p> <p>#Equivalent % to be mentioned in bracket.</p>   |   |   |  |  |  |                                     |   |

| 14                             | <b>MENTION DETAILS OF WORK EXPERIENCES APPLICABLE (IN CHRONOLOGICAL ORDER)</b> |        |    |       |        |                          |                                   |
|--------------------------------|--|--------|----|-------|--------|--------------------------|-----------------------------------|
| Name & address of the employer | Post held  | Period |    |       |        | Job description in brief | Pay Scale/ Salary drawn per annum |
|                                |  | From   | To | Total |        |                          |                                   |
|                                |  |        |    | Years | Months |                          |                                   |
|                                |  |        |    |       |        |                          |                                   |
|                                |  |        |    |       |        |                          |                                   |

**Note:** Please attach self attested copy of experience certificate of each employer along with proof of salary drawn. You can also attach the details of your work experience in a separate Annexure/sheet. In case of Present employment attach a self attested copy of Appointment Letter containing Date of Joining & Grade/Level along with self attested copy of the latest pay slip.

15 ATTACH A SEPARATE SHEET AS ANNEXURE GIVING BRIEF ABOUT ACHIEVEMENTS MADE IN THE PRESENT ASSIGNMENT (NOT EXCEEDING 200 WORDS).

**ADDRESS** (Please give full postal address with postal pin no.)

| FULL ADDRESS, CONTACT NO., FAX NO. & E-MAIL OF PRESENT EMPLOYER, IF EMPLOYED | PRESENT ADDRESS OF THE CANDIDATE | PERMANENT ADDRESS OF THE CANDIDATE |
|--|----------------------------------|------------------------------------|
|  |                                  |                                    |

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

|                                |                            |
|--------------------------------|----------------------------|
| <b>MOBILE NO. OF CANDIDATE</b> | <b>E-MAIL OF CANDIDATE</b> |
|                                |                            |

**DETAILS OF APPLICATION FEES, IF APPLICABLE**

|             |             |                       |
|-------------|-------------|-----------------------|
| DD NO ..... | AMOUNT..... | NAME OF BANK<br>..... |
|-------------|-------------|-----------------------|

I hereby certify that the information provided above is true to the best of my knowledge and in case any information as above is found to be false or in-correct or suppressed at any stage, I understand that I am liable to be terminated from the services of MECON Limited forthwith without prejudice to any other legal and disciplinary action as deemed fit by the Management.

Place: .....  
Date: .....

**(Signature of the Applicant)**

**For Office Use Only**

| Date of Birth verified | Educational Certificate(s) checked | Work Experience verified | Caste/Disability/Ex Servicemen/Sportperson Certificate verified, if any | Remarks |
|------------------------|------------------------------------|--------------------------|---|---------|
|                        |                                    |                          |   |         |

**Name :**

**Designation:**

**(Signature of Verifying Officer)**