

NBCC (INDIA) LIMITED (A GOVERNMENT OF INDIA ENTERPRISE)



Ap	Application No(to be filled by NBCC) Advt. No. 04/2019										
1 2	POST APPLIED FOR	(ON CO	pas att	Affix recent passport size self attested photograph						
2	NAME (IN CAPITAL)										
3	FATHER'S / HUSBAND'										
4	GENDER M (Put a tick mark)	F	MARITAL Married STATUS Unmarr					hers			
5	DATE OF BIRTH	D	D	М	М	Y	Y	Y	Y		
6	AGE AS ON DATE OF WALK-In INTERVIEW	Yea	rs Mo	s Months							
7	CATEGORY (Put a tick mark)		SC ST	OBC (NCL	_)			SUB CAST	E		
			(Attach d		-						
8	PHYSICALLY CHALLENGED	YES	NO IF YES, STATE THE NATURE (OH/VH/HH/MD) (Attach d evidence)						DISABILITY entary		
9 ADDRESS (Please give full postal address with Postal Pin No.)											
	MAILING	P	PERMANENT				FULL ADDRESS, CONTACT NO., FAX NO. & E-MAIL OF PRESENT EMPLOYER, IF EMPLOYED				
M	OBILE NO. OF CANDIDA		RESIDENTIAL TELEPHONE NO, OF CANDIDATE (IF ANY)				IL ID OF (CANDIDA	ATE		

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	ination	Whathar fu							
10 ACADE Examination passed		Whether full time/ part time/ Correspondence		Duration of the course	the	e of tution	Name of the university	Month & Year of passing *	CGPA/OGPA/ Percentage of marks
			•						nal certificate /
degree	e, whiche	ever is earlie						the examinat / marksheets	
11	DETAIL	S OF EXPE	RIENCE	(in chro	nologio	cal ord	ler):		
	POST Q	UALIFICAT	TION EX	PERIENC	E		(YRS.)		
S.No	Name & address of the employer		Post held		Pe	eriod		Job descriptic in brief	on Pay scale / salary drawn
		employer	neid	From			Total		
						Years	s Month		
I	(ple	ase attach	copies	of experi	ience c	ertific	ates along	y with proof	of salary drawn)
	CERTIFIED THAT THE INFORMATION FURNISHED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE & BELIEF. IF AT ANY STAGE, ANY INFORMATION IS FOUND TO BE FALSE OR INCORRECT; MY APPLICATION WILL BE LIABLE TO BE REJECTED.								
	Place: Date:							Signatur	e of the candidate