

APPLICATION FORM

					Affix recent passport	
1.	Name (in Block Letters)	:	 			
2.	Father's/Husband Name	:	 			
	and Occupation :		 			
(a)	Mother's Name :					
3.	Address for Communication	:	 			
		:				
	Contact No.	:				
	E-mail ID	:				
4.	Permanent Address	:				
		:				
	Contact No.	:				_
5.	Date of Birth (In figure) (In words)	:		Month		Year
6.	State of Domicile	:	 			
	(a) Nationality	:	 			
	(b) Religion :		 			
	(c) Sex (Male / Female)	:	 			
	(d) Marital Status	:	 			

- 7. Details of Family Dependants only.
- 8.

SI. No.	Name		Sex	Date of Birth / Age	Relationshi
ls	s wife/husband employed	:	Yes / No		
N	lame of the Organization	:			
Р	lace of Posting :				
a) E:) Do you belong to SC/ST/OBC x-servicemen Category (please	: e specify	Yes/No category and a	ttach proof)	
) Are you Physically Handicap Please specify category and at				
) Do you suffer from any majo f yes, please give details)	r ailment	ts?: Yes/N	0	
	lave you ever been arrested / convicted by any Court of law i				
lf	yes, please give details	:			
	Vere any Disciplinary Proceedi uitting the service.	-	ited / contempl Yes/No	- · · ·	at the time of
	yes, please give details	:			

11. Educational / professional Qualifications:

SI. No.	Details of Qualification	Institution / Board / Univ.	Recognized / Affiliated	Specialization	Peri From	od To	%age	Division

SI. No.	Name of the Course	Duration	Name of the Institution	Contents of the Course

13. Academic or professional : Awards/honors/special achievements, if any

:

:

:

- 14. Membership of Professional : Institution Association, if any
- 15. Details of Experience Total length of Service

Name of the Organization	Perio <u>Emplo</u> From	od of <u>yment</u> To	Position held	Nature of duties in brief	Pay Scales & Emoluments (Please give break –up)	Reasons for leaving

- 16. Mother Tongue
- 17 Details of language known :

Language other than Mother Tongue	Read	Write	Speak

18. Reference of two persons not related to you, who are well acquainted with your background / service career and character.

Sl. No.	Name	Address	Telephone No.	Occupation

19. Do you have any relative working with Pawan Hans Helicopters Limited: Yes / No_____

If yes please give details

Name	Location	Designation	Relationship

DECELARATION

I hereby declare that the information furnished above is true to the best of my knowledge and belief and I fully understand that if any information given above is found false, my services are liable to be terminated at any time without any notice by the management.

Signature of the Candidate

Name (in Block Letters): _____

Place:

Date: _____