



HINDUSTAN AERONAUTICS LIMITED

AIRCRAFT DIVISION, NASIK

Application for: Laproscopy General Surgeon

Advt.No. NK/02/2019/

Dated - 08/01/2020

(Please fill the Application Format in Capital Letters)

- Please Furnish Full & Detailed information under each point and Enclose Xerox Copies of Certificates / testimonials in proof of the same.
- Suppression of any relevant information or incomplete information will entail disqualification for engagement

Annexure-I

Please Affix a Self
Attested recent
Passport Size
Photograph

1	NAME in BLOCK LETTERS(As it appeared in SSLC/SSC Certificate)				
2	Gender	Male / Female			
3	Father's Name				
4	Mother's Name				
5	Date of Birth (DD/MM/YYYY format)/...../.....			
	Age as on date of AdvertisementYears Months..... Days			
6	State of Domicile & Nationality				
7	Permanent Address	Address for Communication (All future Communication will be made on this Address Only)			
	Dist: Pin:	Dist:		Pin:	
8	Are any of your close relatives working in HAL? If yes, provide details of Name, Designation, Division, etc.				
9	Phone / Mobile Number				
10	E-Mail ID				
11	Proficiency of Languages	Language	Read	Write	Speak
		Hindi			
		English			
		Marathi			

12. Educational Qualifications:

Degree	Branch	University	Class / Division	Total Marks Obtained	Total Marks of all semesters / years	Aggregate Percentage of Marks Obtained	Mode of Study	Year of Passing

(Note: Please read the general conditions of the advertisement and give full & Complete Information. Use separate Sheets if required)

13. Details of Training Undergone in the last 5 Years

Name of the Program	Institution/Organization	Duration of Training	
		From	To

14. Professional Experience in Chronological order (Starting from Recent / Present Experience)

Sl.No	Organization & Org. Type	Designation	Nature of Duties (Elaborate on a Separate sheet if need be)	Duration		No. of years / Months Completed	Gross pay & Reasons for leaving
				From Date	To Date		

(Note: Please read the general conditions of the advertisement and give full & Complete Information. Use separate Sheets if required)

15. Total Experience in No. of Years & Months: ____Years ____Months

16. No. of years of Post Professional Qualification Experience _____

17. Registration Number: (MBBS)_____ (MS/MD/DNB/DM) _____

18. How soon you can join if selected? _____

19. Pen picture of professional experience, achievements and significant contribution in the field, if any ***(To be written / typed not exceeding 200 words on a separate sheet and enclosed to the application)***

I hereby declare that the above statements are true and complete to the best of my knowledge and belief. In the event, the information is found to be false or incorrect; my candidature liable to be terminated without any notice.

Place:

Date:

Signature of the Candidate