## STATEMENT OF DOCUMENTS ENCLOSED TO THE APPLICATION FORMAT

	Documents Enclosed	Status (tick the relevant column)			
		Yes	No	NA	
1.	Proof of Date of Birth (only SSLC/SSC/10th Standard Board Marks Card will be admitted as proof of age).				
2.	Proof of Caste - SC/ST in the prescribed format.				
3.	Latest OBC Certificate (Non-creamy layer) in the format as applicable for appointment to posts under Govt. of India to be produced.				
4.	Minority declaration Certificate.				
5.	Ex-Servicemen Certificate.				
6.	Income and Asset Certificate in the format as applicable for EWSs Category				
7.	PWD certificate issued by the Competent Authority (Govt. Hospital or Medical Board attached to Special Employment Exchange for the handicap) as per the "Persons with Disabilities [Equal opportunities, protection of right and full participation] Act, 1995".				
8.	Qualification Certificates:				
8.1	SSLC/SSC/10th Standard Board Marks Card.				
8.2	Inter/Diploma Marks Card (Semester-wise/Year-wise).				
8.3	Inter/Diploma Certificate.				
8.4	Degree Marks Card (Semester-wise/Year-wise).				
8.5	Degree Certificate.				
8.6	PG Degree/Dip. Marks Card (Semester-wise/Year-wise).				
8.7	PG Degree/Diploma Certificate.				
8.8	Other Qualifications, if any (Pl. specify).				
9.	Post-qualification Experience Certificate(s).				
10.	Demand Draft for the prescribed amount.				

**Note:** The self attested copies of the documents/certificates (Sl.No.1 to 9) should be enclosed to this format in the same order.

Candidate to bring one set of photo copies of all marks cards along with original for verification at the time of interview.



Affix Passport size photo

## (Please fill boxes in <u>BLOCK LETTERS ONLY</u>)

APPI	LICATION FO	E POST OF:					Advt. Ref. No. & Date:							
1	Name Mr./	Ms					•							
2	S/o, D/o, W	//o												
3	Address for communicat (With PIN Co	ion												
3.1	Telephone N (with STD co		Office						Residence.					
3.2	Mobile													
3.3	E-mail Ids	1												
		2												
4	Date of Birth 4 (as per Matric./		DD M		М	YY	YY		Age (as on		YY	MM		
								;	date of application)					
5	certificate) Caste/Categ		SC	ST	OBC	GEN	PH	MI	INC	ORITY	EWS	(Tick appropriate column)		
6	Qualification be enclosed)	(self	attes	ted X	(erox	copies	of all	ma	ark	ks card	ls & de	gree certii	ficates are to	
6	Exam Yr		of Full/ part			Cou Dura	University/ Institution				Aggt. % Marks	Specialisa- tion		
6.1														
6.2														
6.3														
6.4														
6.5														
6.6														

	Post-qualification Experience: (self attested Xerox copies of experience certificates are to be enclosed). For experience details, separate sheet may be attached as Annexure)												
7	Organisa- tion name, Address &				Perio	od (cc		ncing sent)	rom latest		ıy's er	Pay &	
		Designation		Nature of duties	Fr	om	То		Duration		Company's Turnover	ic Pa	
	e-mail				MM	YY	MM	YY	YY	MM	Cor	Basic	
7.1													
7.2													
7.3													
7.4													
7.5													
7.6													
TOTAL P.Q. EXPERIENCE													
8	_		ntact details (other than relatives)										
	Name designat		Address			Phone No./Mobile No.				Email ids			
8.1													
8.2													
	Details of relatives working in HMT Ltd. or its Subsidiary Cos.												
9													
	Demand I	Draft		Amo	unt. (F	Rs.)		Bank Details					
10	detail	S											
_	inal testimo terview.	onials in	res	pect of SI. No	. 4,5,	6 & 7	7 mus	t be	produ	iced a	t the t	time	
Certified that the information furnished above are true to the best of my knowledge information & belief. If, at a later date, the information furnished above are found to be false or inaccurate, the Management is free to take appropriate action as per the extant rules.													
Plac													
Date: (Signature of the Applicant)												ant)	