

**TO BE FILLED IN BOLD ENGLISH CAPITAL LETTERS BY THE CANDIDATE ONLY**

(\* marked fields are mandatory. Candidates are advised to fill up the detailed information in the prescribed format and at relevant place only. No separate sheet attached will be considered.)

**Please affix  
passport size  
photograph  
and sign  
across**

**To,**  
**The Managing Director,**  
Maha Mumbai Metro (M<sup>3</sup>) Operation Corporation Ltd. &  
Metropolitan Commissioner, MMRDA  
New Administrative Building, 8<sup>th</sup> Floor, Bandra-Kurla Complex,  
Bandra (East), Mumbai - 400 051. MAHARASHTRA.

1. \*Name of Post applied for :- \_\_\_\_\_,
2. Mode of Selection :- **(a) Nomination / (b) Deputation /**
3. \*Candidate's Full Name :- \_\_\_\_\_  
(Surname) (Name) (Middle Name)
4. \*Date of Birth :- \_\_\_\_\_ \*Age:- \_\_\_\_ \*Yrs. \_\_\_\_ \*Months.
5. \*Gender : M/F \*Nationality :- \_\_\_\_\_ \*Religion : \_\_\_\_\_ \*Caste: \_\_\_\_\_
6. \*Permanent Address :- \_\_\_\_\_  
\_\_\_\_\_
7. \*Correspondence Address :- \_\_\_\_\_  
\_\_\_\_\_
8. \*Email ID :- \_\_\_\_\_
9. \*Mobile No. :- \_\_\_\_\_ 10. Alternate Contact No. :- \_\_\_\_\_
11. \*Educational /Professional Qualifications acquired:-

Sr. No.	Details of Educational Qualification	Year of passing	Grade/ Percentage	Board/University/Institute

12. \* General Experience gained :-

Sr. No	Name of Organization	Period			Post held & Type of appointment	Pay Band/CTC (Rs). With Pay Scale under IDA/CDA	Nature of duties performed	Reasons for leaving.
		From	To	Total years				

	<b><u>TOTAL</u></b>		
*Need detailed information i.e. post at the time of joining, promotions received, if any - at each stage during the total tenure.			

13. \*Specific working experience gained as under:-

Sr.No.	Name of organization	Position /Designation	Period	no. of years
1.				
2.				
3.				
4.				
5.				
6.				
	<b>Total No. of years</b>			

14. Parent Department Name, Address, Phone No., Competent Authority, :- \_\_\_\_\_

15. Whether one copy of application has been sent to parent department well in advance :- \_\_\_\_\_

16. Present Pay Scale with GP (details along with VI/VII th Pay Commission and CDA/IDA/Other Scale, if any) :- \_\_\_\_\_

17. Present Basic, GP with designation held :- \_\_\_\_\_

18. Present employer's name, address, Phone number & key person. :- \_\_\_\_\_

19. Details of deputation during the entire service till date :-

Sr.No	Name of the organization	Post held	Pay Scale	Period			Remarks, if any
				From	To	Total	

20. Date of return from earlier deputation organization, (in case of deputation candidates ) :- \_\_\_\_\_

21. Whether Departmental Enquiry, if any is pending, :- YES/No  
proposed, initiated against you in last 10 years

22. Whether your Parent Dept. will relieve you in case if  
you are selected on Nomination/Deputation?

\*If so, the maximum period required for joining the duties

On Nomination/deputation, by complying all necessary formalities: - \_\_\_\_\_

23. Whether you have applied to  
Competent Authority for issue of  
Vigilance Clearance Certificate :- Yes/No

24. Whether you have applied to  
Competent Authority for issue of  
Last five years Performance Appraisal :- Yes/No

25. Whether you have applied to  
Competent Authority for issue of  
NOC (in the format attached) :- Yes/No

26. Names of two reputed references except political  
and relatives preferably Gazetted Officers in the Class I rank :- 1. \_\_\_\_\_  
2. \_\_\_\_\_

**Enclosures in support of statement duly self attested**

(Denotes strike out whichever not applicable)

- i. Age Proof (Birth Certificate/SLC) :- Yes/No
- ii. Educational/Professional qualifications :- Yes/No (Nos.\_\_\_\_)  
(Passing certificate necessary)
- iii. Experience certificates :- Yes/No (Nos.\_\_\_\_)
- iv. NOC issued by parent Department :- Yes/No

**DECLARATION:**

I hereby declare that all the statements made by me in this application form are true and correct to the best of my knowledge and belief that nothing has been concealed or suppressed. I have enclosed necessary documents/certificates to this effect. I also understand that incase, any of my statements is found untrue during any stage of recruitment and thereafter. I shall be disqualified for the post applied for and I shall be liable for any penal action.

I have read the advertisement and the relevant GRs mentioned hereinabove and made aware myself about all the terms & conditions stipulated therein and affirm to abide by them. I affirm I fulfill the requisite criteria that that no any Departmental Enquiry is live/pending/proposed against me as on today. I further affirm that there are No Dues, No Legal Proceedings of any nature are pending against me as of date.

Date:

Place:

Signature of candidate with name & date

(To be given on Company's letterhead)

Date:

To,  
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New Administrative Building, 8<sup>th</sup> Floor,  
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MAHARASHTRA.

### No Objection Certificate

This is to certify that Shri/Smt./Kumari \_\_\_\_\_ is working in this \_\_\_\_\_ office from \_\_\_\_\_ to till date as \_\_\_\_\_ (post) in the pay scale of \_\_\_\_\_ having present basic is Rs. \_\_\_\_\_ & GP in Rs. \_\_\_\_\_ as per our official record, his/her date of birth is \_\_\_\_\_

Further it is certified that he/she has applied for the post of \_\_\_\_\_ in MMMOCL on deputation/nomination basis and we found him/her is entitled to the said post as per prevailing norms of deputation. He/She fulfills the qualification, experience and prescribed criteria as specified in the advertisement as per recruitment rules for the said post in MMMOCL.

We ensure that if he/she selected, we will spare the services of Shri/Smt./Kum. \_\_\_\_\_ within 30 days.

We also certify that No Departmental Enquiry is pending, initiated, proposed and he/she never been penalized in the last 5 years.

This NOC is issued on his/her request.

Place :

Date :

**Authorized Signatory**  
**Name**  
**Company seal with address**  
**Phone No/Email ID**

# DECLARATION

FORM-A  
(See Rule 4)

Shri / Smt / Kum. \_\_\_\_\_

Son / daughter / wife of Shri \_\_\_\_\_

Aged \_\_\_\_\_ years, resident of \_\_\_\_\_

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District \_\_\_\_\_ City \_\_\_\_\_

Do hereby declare as follows :

1) That I have filled my application for the post of

\_\_\_\_\_

2) I have (Number) living children as on today \_\_\_\_\_

Out of which No. of children born after 28 March – 2005 is \_\_\_\_\_

**Date of Birth of children who born after 28 March – 2005**

\_\_\_\_\_

3) I am aware that, If any total no. of living children are more than two due to the children born after 28 March – 2006, I am liable to be disqualified for the same post.

**Place :**

**Date :**

**(Signature)**