

Airline Allied Services Limited
(A wholly owned subsidiary of Air India Limited)

FORMAT OF APPLICATION

For the post of Supervisor (Security)

Paste a recent
Passport size
photograph

(Please do not
staple)

POST APPLIED FOR- SUPERVISOR (SECURITY)

I. a/ Name: _____

b/ Father's Name: _____

c/ Address: _____

Pin Code _____

d/ Contact Details:

i) Telephone Nos.: _____

ii) Mobile No.: _____

iii) E-mail id: _____

e/ Date of Birth: _____

f/ Age (As on 15.02.2020) _____ (Years) _____ (Months) _____ (Days)

g/ Nationality: _____

h/ Religion: _____

II. Category you belong to:
(Please ✓)

GEN

SC

ST

OBC

EWS

(In case of OBC, candidates would be required to produce OBC certificate in the prescribed proforma issued by the appropriate authority for Central Government employment)

III. Bank Draft No. & Date: _____ Drawn on: _____

(Not applicable in case of ST /SC Candidates)

IV. Height _____ cms Weight _____ kg

V. Education Qualifications:(Matriculation/SSC onwards)

Examination Passed (specify Degree e.g. BA/BSC/B.Com etc./Diploma course	Name Of the University /Institution/ Board	Month & year Of passing	Duration / Subjects	Percentage of marks (class/division)
10 th (SSC)				
12 th				
Graduation				
Any Other (specify)				

VI. Details of other Certificates

Certificate Passed	Date of getting certification	Validity	
		From	To
BCAS Basic AVSEC (12 days new pattern)			
Screener X-Ray Certificate			
NCC 'B'			
'C' Certificate.			

VII. Details of previous employment?

Organization	Designation	Period		Details of job assignment	Last Salary Drawn	Reason for leaving
		From	To			

VIII. Passport Details (If available)

Number : _____

Date of Issue : _____

Date of Expiry: _____

Any other information:

I hereby declare that the above information is correct to the best of my knowledge and belief. I understand that if I have suppressed any factual information, my candidature may be rejected.

Date:

SIGNATURE OF CANDIDATE

TO WHOMSOEVER IT MAY CONCERN

Date : _____

I Dr. _____ Have clinically examined

Mr/Ms _____

Age (year) _____ date of birth _____ and certify

that his/her height and weight as follows:

Heights: _____ cms

Weight: _____ kgs

Signature of the Doctor

Name of the Doctor

Registration no :

Stamp

OBC Certificate Format

FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS/ ADMISSION TO CENTRAL EDUCATIONAL INSTITUTIONS (CEIs), UNDER THE GOVERNMENT OF INDIA

This is to certify that Smt / Kum _____ Daughter of Shri / Smt. _____ of Village / Town _____ District / Division _____ in the _____ State, belongs to the _____ Community which is recognized as a backward

class under:

- (i) Resolution No. 12011/68/93-BCC(C) dated 10/09/93 published in the Gazette of India Extraordinary Part I Section I No. 186 dated 13/09/93.
- (ii) Resolution No. 12011/9/94-BCC dated 19/10/94 published in the Gazette of India Extraordinary Part I Section I No. 163 dated 20/10/94.
- (iii) Resolution No. 12011/7/95-BCC dated 24/05/95 published in the Gazette of India Extraordinary Part I Section I No. 88 dated 25/05/95.
- (iv) Resolution No. 12011/96/94-BCC dated 9/03/96.
- (v) Resolution No. 12011/44/96-BCC dated 6/12/96 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 11/12/96.
- (vi) Resolution No. 12011/13/97-BCC dated 03/12/97.
- (vii) Resolution No. 12011/99/94-BCC dated 11/12/97.
- (viii) Resolution No. 12011/68/98-BCC dated 27/10/99.
- (ix) Resolution No. 12011/88/98-BCC dated 6/12/99 published in the Gazette of India Extraordinary Part I Section I No. 270 dated 06/12/99.
- (x) Resolution No. 12011/36/99-BCC dated 04/04/2000 published in the Gazette of India Extraordinary Part I Section I No. 71 dated 04/04/2000.
- (xi) Resolution No. 12011/44/99-BCC dated 21/09/2000 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 21/09/2000.
- (xii) Resolution No. 12015/9/2000-BCC dated 06/09/2001.
- (xiii) Resolution No. 12011/1/2001-BCC dated 19/06/2003.
- (xiv) Resolution No. 12011/4/2002-BCC dated 13/01/2004.
- (xv) Resolution No. 12011/9/2004-BCC dated 16/01/2006 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 16/01/2006.

Smt / Kum. _____ and / or her family ordinarily reside(s) in the _____ District / Division of _____

State. This is also to certify that she does not belong to the persons / sections (Creamy Layer) mentioned in Column 3 of the Schedule to the Government of India, Department of Personnel & Training O.M. No. 36012/22/93-Estt.(SCT) dated 08/09/93 which is modified vide OM No. 36033/3/2004 Estt.(Res.) dated 09/03/2004.13/15

District Magistrate / Deputy Commissioner, etc.

Seal

Dated : _____

NOTE:

- a) The term 'Ordinarily' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
- b) The authorities competent to issue Caste Certificates are indicated below:

- (i) District Magistrate / Additional Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / Ist Class Stipendary Magistrate / Sub-Divisional magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of Ist Class Stipendiary Magistrate).
- (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
- (iii) Revenue Officer not below the rank of Tehsildar and
- (iv) Sub-Divisional Officer of the area where the candidate and / or his family resides.
- (v) Caste Certificate issued from Maharashtra State must be validated by social welfare Department of Maharashtra Government.

Annexure-I

Government of
(Name & Address of the authority issuing the certificate)

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. _____

Date: _____

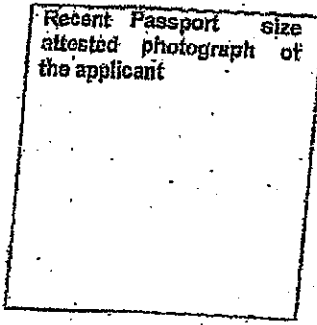
VALID FOR THE YEAR _____

This is to certify that Shri/Smt./Kumari _____ son/daughter/wife of _____ permanent resident of _____ Village/Street _____ Post Office _____ District _____ in the State/Union Territory _____ Pin Code _____ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/her family*** is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year _____. His/her family does not own or possess any of the following assets***:

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari _____ belongs to the _____ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office _____
Name _____
Designation _____



*Note 1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

**Note 2: The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years

***Note 3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.