## 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.)

aha Mumba etropolitan ( ew Adminis undra (East) 1. *Nan 2. Mode 3. *Can 4. *Date 5. *Gen 6. *Perr 7. *Corr 8. *Ema 9. *Mode 11. *Edu	ing Director, bai Metro (M <sup>3</sup> ) Operation Corp n Commissioner, MMRDA istrative Building, 8 <sup>th</sup> Floor, Ba t), Mumbai - 400 051. MAHA ame of Post applied for : de of Selection :- (a) Nomina undidate's Full Name : (Surname) ate of Birth : ender : M/F *Nationality : rrmanent Address :	andra-Kurla RASHTRA. tion / (b) Do (Name _ *Age:	Complex, , eputation / *Yrs *Religion :	_*Months.		
2. Mode 3. *Can 4. *Date 5. *Gen 6. *Perr 7. *Corr 8. *Ema 9. *Mode 11. *Edu	de of Selection :- (a) Nomina andidate's Full Name : (Surname) ate of Birth : ender : M/F *Nationality : rmanent Address :	tion / (b) Do (Name _ *Age:*	eputation / ;) (( *Yrs *Religion :	_*Months.		
<ol> <li>*Can</li> <li>*Date</li> <li>*Gen</li> <li>*Gen</li> <li>*Perr</li> <li>7. *Corr</li> <li>8. *Ema</li> <li>9. *Mob</li> <li>11. *Edu</li> </ol>	andidate's Full Name : (Surname) ate of Birth : ender : M/F *Nationality : ermanent Address :	(Name *Age:*	e) (1 *Yrs *Religion :	_*Months.		
4. *Date 5. *Gen 6. *Perr 7. *Corr 8. *Ema 9. *Mot 11. *Edu Sr. No. I	ate of Birth : ender : M/F *Nationality : rmanent Address :	_ *Age:*	*Yrs *Religion :	_*Months.		
4. *Date 5. *Gen 6. *Perr 7. *Corr 8. *Ema 9. *Mob 11. *Edu Sr. No. I	ate of Birth : ender : M/F *Nationality : rmanent Address :	_ *Age:*	*Yrs *Religion :	_*Months.		
6. *Perr 7. *Corr 8. *Ema 9. *Mob 11. *Edu	rmanent Address :			*Caste:		
7. *Corr 8. *Ema 9. *Mob 11. *Edu						
8. *Ema 9. *Mot 11. *Edu	1 4 1 1				_	
9. *Mot 11. *Edu	nail ID :					
11. *Edu	obile No. :-					
Sr No I	lucational /Professional Qualifi					
	Details of Educational Qualification	Year of	Grade/ Percentage	Board/University/Inst	titute	
12. * Ger	eneral Experience gained :-					
	lame of From To yea	tal ars Post hel Type of appointr	(Rs). Wit	th Pay der nerformed lea	asons for wing.	
		TOTAL				

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

Sr. No.	Name of organization	Position /Designation	Period	no. of years
1.				

2.						
3.						
5.						
4.						
5.						
5.						
6.						
	Total No. of years					
		4				
	4. Parent Department Name, Address,		:-			
]	Phone No., Competent Authority,					
15.	Whether one copy of applicati	ion has been	:-			
sent to parent department well in advance			<u> </u>			

- 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
- 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	То	Total	

:-

:-

:-

- 21. Whether Departmental Enquiry, if any is pending, :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: -\_\_\_\_\_

YES/No

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 su	apport 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. <u>I have enclosed necessary documents/certificates to this effect</u>. I also understand that in case, 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

Date:

**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.

### 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				hav	ing pre	sent
basic is Rs.	& GP in Rs.	as per	our official	record,	, his/	her dat	e 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						
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)