

HINDUSTAN AERONAUTICS LIMITED

(KORAPUT DIVISION)

APPLICATION FOR ENGAGEMENT OF TRADE APPRENTICESHIP
TRAINING (**Ex-ITI**),
UNDER APPRENTICES ACT - 1961

Paste here your
recent passport
size photograph
do not staple

Registration No. _____

Name of the Trade Applied for _____

(Put (✓) mark wherever applicable)

1.	Candidate's Name in full (In Block Letters)	
2.	Father's Name (In Block Letters)	
3.	Mother's Name (In Block Letters)	
4.	Marital Status (Married / Unmarried) (If married, mentioned the name of spouse)	
5.	Nationality	
6.	Gender	Male () / Female ()
7.	Date of Birth	DD _____ MM _____ YYYY _____
8.	Age as on 30.06.2020	_____ Years _____ Months _____ Days
9.	Category	SC () / ST () / OBC-NCL () / EWS () / UR(GEN) ()
10.	Religion	
11.	Are you a Person with Disability?	Yes () / No () If yes, mention category VH()/OH()/HH()/OD()
12.	Aadhar Card Number	
13.	<p style="text-align: center;">Permanent Address:</p> AT : PO : PS : Dist : State : Pin :	<p style="text-align: center;">Correspondence Address:</p> AT : PO : PS : Dist : State : Pin :
14.	Phone No.: Mobile No.: E-mail id :	

15. Educational Qualification (Starting from 10th Class):

NAME OF THE EXAMINATION PASSED	NAME OF THE INSTITUTE/ BOARD	SUBJECT / TRADE	MAX. MARKS	MARKS SCORED	% OF MARKS	YEAR OF PASSING
10 TH / Matric /SSC						
ITI/ITC						

(Attach copy of mark sheets as proof)

16. Details of Persons in relation, working in HAL Koraput Division (If any):

Working as	Regular Employee ()/Ex-Employee ()	On Contract ()
Details	PB No. : _____ Name. _____	Pass No. _____ Name _____
Relation	Son () / Daughter () / Spouse ()	Son () / Daughter ()

(Attach copy of HAL ID Proof (refer Annexure-I)/Security Pass (refer Annexure-III) as the case may be)

17. Do you belong to any of the Adopted village of HAL, Koraput? **Yes/No**

If Yes, Name of the Adopted Village _____.

[Attach copy of Medical Card issued by HAL & Residence Proof Copy (refer Annexure-II)]

The Candidate's need fill the Application Form and send it to recruitment.koraput@hal-india.co.in on or before 06.08.2020 along with self attested photocopy of required documents mention at point 4. (A) of the notification.

DECLARATION

I do hereby declare that the information given above and in the enclosed documents is true to the best of my knowledge and belief and nothing has been concealed therein. I am well aware of the fact that if the information given by me is proved false / not true, I will have to face the punishment as per the law. Also, all the benefits availed by me shall be summarily withdrawn.

Place:

Signature :

Date :

Name :

Proforma of Wards/Spouse of serving/retired/deceased employees of HAL, Koraput

Sir,

I, _____, the undersigned am son/daughter/Spouse of Shri/Smt. _____, who is /was an employee of HAL, Koraput Division.

My details:

Apprenticeship registration No.	
Date of Registration	
Name of parent	Shri/Smt.:
PB No. of parent	
Relation with employee	Own Son/Daughter/Spouse:
Serving/Retired/ Deceased	

NOTE: Please enclosed ID proof of your parent i.e (HAL ID card)

The above information furnished by me is true to the best of my knowledge.

Signature of the candidate

Certification by HR
(To be obtained by the parent employee)

The information provided by the candidate is verified and found to be correct as per his/her personal records.

Signature of HR

Proforma of Residents from Adopted Villages of HAL, Koraput Division

Sir,

I, _____, the undersigned am son/ daughter of Shri/Smt _____, is a native of the Koraput District in the state of Odisha and my family ordinarily resides at Village _____, P.S _____, Tahsil _____.

My details:

Apprenticeship registration No.	
Date of Registration	
Village of residence	
Residence/Native Certificate No.	
Residence certificate attached	Yes / No

NOTE: Please enclose Medical Card of your family which was issued by IR Dept.

The above information furnished by me is true to the best of my knowledge.

Signature of the candidate

Certification by IR

The information provided by the candidate is verified and found to be correct as per records.

Signature of IR

Proforma of wards (Children) of Contract Laborer of HAL, Koraput Division

Sir,

I, _____, the undersigned am son/ daughter of Shri/Smt. _____, who is a Contract Laborer of HAL, Koraput Division.

My details:

Apprenticeship registration No.	
Date of Registration	
Name of Contract Laborer	Shri/Smt.:
Security Pass No.	
Date of Issue	
Valid upto	
Relation with Contract Laborer	Own Son/Daughter:
Work Order No.	

NOTE: Please enclose Security Entry Pass of your parent.

The above information furnished by me is true to the best of my knowledge.

Signature of the candidate

Certification by IR

The information provided by the candidate is verified and found to be correct as per records.

Signature of IR