

## **APPLICATION FORM**

Miniratna: Category-I Company ISO 9001: 2015

## NPCC Ltd. Chhattisgarh Zone, Naya Raipur

Ap	plica	tion f	or t	he p	os	t of:	:												-									You: ent	r
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2.	Fatl	ner's ]	Nam	ne (a	ıs r	ecor	rded	in N	/latri	cul	latio	on o	r eq	ui	vale	nt c	ert	ific	ate	):									
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3.	Mot	ther's	Naı	me (	as	reco	orde	d in	Matı	1CU	ılatı	on o	or e	qu	ıval	ent	cer	tıfi	cate	e):  -							Т	$\top$	Т
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4.	Gender: 5. Religion:																												
6.	7 1 77																												
	Married Unmarried																												
7.	Dat	e of E	Birth	(DI	DN	1MY	YYY	Y):				8.	Bi	rth	Pla	ice/	Dis	tric	t:		9.	. Bi	rth	Stat	e/U	T:			
10.	Natio	onalit	y:											1			11	. M	oth	er [	Го	ngu	e:						
12.	Age	as on	31/	05/2	025	5):	Yea	rs	]	Mo	nth	s		_D	ays														
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	Language				Read						Write						Speak												

Name of Examination	Name of School / Co / Institute	llege	University	/ Board	Year & Month of Passing	% of marks	Div. / Class	
19. Highest qualif	cation in Hindi:							
	ation Experience, if an	y:						
Post Held	Name of Organization		Scale / ary Drawn /	Period of S From DD/MM/YY	Service To DD/MM/YY	Contr	lar Basis/ ract Basis ny other	
		CIV	<u> </u>	DD/WHVI/ I I	DD/IVIIVI/ 1 1	/ / / / /	ly other	
21. Total Post Qual	lification Experience (a	as on 3	1/05/2025): Y	ears:	Months:	_Days		
22. Correspondence	e Address:			23. Permane	nt Address:			
PIN: Me	ob/ Phone No.:		PIN:		Mob/ Phone	No.:		
24. PAN No.:		25.	Aadhar Card	No.:				
26. Guardian/Emer	gency Contact No.:		27. V	alid E-Mail	ID:			
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20 Any close relati	ive (of applicant) work	ing in	NPCC Limite	ed. Yes/ No.	If Yes, detai	ls:		

No information that candidate may like to furnish.

## **DECLARATION:**

I hereby certify that the above information furnished is true & correct to the best of my knowledge and belief. I have not suppressed any material fact or factual information. In case, I have given wrong information and / or suppressed any factual information, then my services are liable to be terminated without giving any notice or reasons thereof. I am not aware of any circumstances, which might impair my fitness for employment under Government.

Date:	Place:	Signature of Applicant
Date.	i iacc.	Dignature of Applicant