



HOOGHLY COCHIN SHIPYARD LIMITED
Howrah - 711 109

APPLICATION FORMAT

(Use Block Letters only)

Affix recent
Passport size
Photograph
here

ADVT. NO. _____

(Please fill up this form with utmost care)

Post Applied for : _____

(A) Personal Details

1. Name (as appears in SSC certificate)

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2. Father's Name :

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3. Date of Birth :

DD			MM			YY		
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4. Age as on : **13-03-2024**

Year			Month			Days		
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5. Sex (write M or F) :

6. Marital Status: Unmarried Married

7. State of Domicile :

8. Category (Gen./SC/ST/OBC/EWS)

Are you physically handicapped: Yes/No

If yes, please mention the details as follow:

Type of Disability:

Extent of disability as specified in the disability certificate:

(B) CORRESPONDENCE ADDRESS:

City/Town State Pin Code

Tel. No. with STD Code Mobile

(C) PERMANENT ADDRESS:

City/Town State Pin Code

Tel. No. with STD Code Mobile

E-mail ID, if any

ANNEXURE-IV

(D) **ACADEMIC PERFORMANCE:**

1. **Basic Qualifications:**

Exam Passed	Institution/ University/ Board	Branch of Specialization	Duration of Study	Month & Year of Passing MM/YYYY	Aggregate % Of Marks	Full Time/ Part Time/ Correspondence

2. **Professional Qualification (Please mention qualification which makes you eligible) :**

Exam Passed	Institution/ University/ Board	Branch of Specialization	Duration of Study	Month & Year of Passing MM/YYYY	Aggregate % of Marks	Full Time/ Part Time/ Correspondence

3. **Additional Qualification, if Any:**

(E) **DETAILS OF EXPERIENCE (If required, please attach separate sheet)**

Teaching experience and training period including Induction training will not be counted as experience

Name of the Organization	Designation	Scale of Pay	Duration		Nature of Duties	Reason for leaving
			From MM,YYYY	To MM,YYYY		

Post Qualification Experience : Year Month

(F) WHETHER DEPARTMENTAL CANDIDATE: Yes/No

Declaration:

I affirm that the information given in this application is true and correct to the best my knowledge and belief. I further undertake that if at any stage it is discovered that an attempt has been made by me willfully to conceal or misrepresent the facts, my candidature/appointment shall be summarily rejected or terminated without any notice.

Place: _____

Date: _____

Signature of Applicant

Please Enclose:

1. Proof of SC/ST/OBC/EWS/PwBD Certificate (If applicable).
2. Certificates in support of age, education qualifications, experience, Salary Slip etc.
3. Please write Advertisement No., Category and post applied for on the top of the envelope.
4. Please attach a sheet in your own handwriting giving justification as to why you consider fit for the post applied for in maximum 300 words.
5. Certificates in support of proof of candidate's claim as belonging to EWS.

NOTE: LAST DATE FOR RECEIPT OF APPLICATIONS: 13th March 2024.