NEPA LIMITED: NEPANAGAR (MP) (A Government of India Undertaking)

APPLICATION FORM

APPLICATION FOR THE DEPARTMENT: ______ at Sr. No._____

Passport Pasiza Photograph	
P	

PERSONAL DETAILS [Do not leave the portion unfilled ; if not applicable, indicate the same]								
		[Name and Addr	ess sho	ould be in Block Le	etters]			
Name	[First]		[Middle]			[Last]		
Date of birth	[Da	y]	[Month]			[Year]		
Husband's N	ame [in case marr	ied women] :						
Present Address [Please specify House No., Road / Lane, City, District, State, Post Office, Pin code] {Please fill up Block Capital Letter}								
	No. with STD	Telephone No. with S	TD	Mobile		E-Mail		
Code [F	Residence]	Code [Office]						
Permanent Address [Please specify House No., Road / Lane, City, District, State, Post Office, Pin code] {Please fill up Block Capital Letter}								
Sex	Marital Status	atus Nationality Religion Home Town and State				ome Town and State		
Whether SC / ST / OBC / PH [kindly mentioned OH / HH / VH and attach attested copy of certificate] / Ex-Serviceman / General, please specify								
If SC / ST / OBC, please specify Sub Caste and attach attested copy of certificate issued by the appropriate authority								
Passport Number Issued at Date of issue Valid upto						Valid upto		

Educational / Professional Qualification [Starting from School Final [Class – X] onwards] {Please fill up in Block Capital Letters} [If space is insufficient, please attach separate sheet]

Examination / Degree passed	University / Board / Institute [Location]	From	То	Division. / Grade	% of Marks obtained	Specialization / Main Subjects

Work Experience [Starting from present organization] {Please fill up in Block Capital Letters} [If space is insufficient, please attach separate sheet]

Name of Company and nature of business	Designation	Year of s From [MM/YY]	ervice To [MM/YY]	Pay Scale with Basic Pay	Total Emoluments	Major responsibilities
				·		

<u>Details of present Salary and Benefits including Scale of Pay on the date of application</u>
[If space is insufficient, please attach separate sheet]

Language Known

		124.00					
Language	Read	Write	Speak				
English							
Hindi							
Timo							
Any other language							
(Please Specify)							
Details of Su		ork / Any other Training Program	<u>nme undertaken</u>				
	[If space is insufficient, p	lease attach separate sheet]					
Organization	Tit	e of Project / Training	Period				
	Membership of Pro	fessional Organization					
Nor	ne and Address of Organizatio	ne	Type of membership				
Ivai	ne and Address of Organizatio	113	Type of membership				
		<u> </u>					
	Extra curricular activiti	es / Hobbies / Sports, etc.					
	Any other inform	ation, places ensaits					
Any other information, please specify							
Significant achievements, Publications, etc., if any							

Continuation Sheet ...4.

FAMILY DETAILS [Do not leave the portion unfilled ; if not applicable, indicate the same]

<u>Dependants</u>

	Name			Sex	Date of birth	Relat Wit applic	:h	Occupation	
[a]	[a] Whether any relative employed in Nepa Ltd? or are you related to any of the directors of Nepa Limited? If yes please give details. : YES / NO								
	Name		Relat	tionship	Occupation	on / Department /	Division	Location	
[b]	Have you been in	employment i	in this company	/ before?		:	: YES / NO		
[c]	Are you prepared	to serve any v	where in India?			:	Y	ES/NO	
[d]	Have you ever been arrested in a criminal case or convicted, fined or imprisoned for violation of any law or in any disciplinary / vigilance case pending / ever instituted against you. If so give details : YES / NO								
[e]	Have you ever be	en abroad ? If	i so give the foll	lowing particula	ars : -				
Сс	ountry Visited	Date o	of Arrival	Date of Departure Duration of S			Stay	Purpose of Visit	
	REFERENCES [Please give name, address and telephone numbers [office and residence] of two persons under whom you have worked or have had professional interaction]								
Sl.No.	Nar	me		Д	Address		Т	elephone No.	
NOTE	NOTE: Furnishing of false information in the case of a candidate selected and employed will be treated as a misconduct DECLARATION								
I certify	I certify that the foregoing information is correct and complete to the best of my knowledge and belief.								
Date :		Sig	gnature :						