



HINDUSTAN AERONAUTICS LIMITED
CORPORATE OFFICE

Application Format
SPECIAL RECRUITMENT DRIVE (PWDs) - 2015

(Please fill the Application Format in **CAPITAL LETTERS** only)
Advt. No. HAL/HR/36(98)-SRD/2015

Paste
Self Attested
recent passport
size colour
photograph

1	Name of the post applied for (as per the Detailed Web Advertisement)	
2	Post Code (please refer the Detailed Web Advertisement for the Post Code)	
3	Name of the Discipline / Trade	
4	Name in Full (As in SSLC / SSC Certificate)	
5	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
6	Father's Name	
7	Mother's Name	
8	Marital Status	Married <input type="checkbox"/> Unmarried <input type="checkbox"/>
9	Nationality	
10	Sate of Domicile	
11	Date of Birth (DD / MM / YYYY)	
12	Age as on 15.10.15	____ Years ____ Months ____ Days
13	Religion (Please tick):	Hindu / Muslim / Christian / Sikh / Neo - Buddhist / Zoroastrians / Jain / Others specify
14	Category	SC / ST / OBC / GEN
15	Permanent Address	Address for Communication (All future Communications will be made on this Address only)

Signature of the Candidate: _____

16	Phone / Mobile Number	
17	E-mail ID	
<p>All correspondences to the candidates will be made via e – mail on the e – mail id provided by the candidate in the application format. No other method of communication will be adopted.</p>		
18	Nearest Railway Station	
19	Were you domicile of J & K during the period from 01.01.1980 to 31.12.1989? If Yes, please enclose the proof.	Yes <input type="checkbox"/> No <input type="checkbox"/>
20	Are you an Ex – Servicemen?	Yes <input type="checkbox"/> No <input type="checkbox"/>
21	Disability	OH <input type="checkbox"/> VH <input type="checkbox"/> HH <input type="checkbox"/>
		Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
22	Categories of Disabled (Please Tick)	OL <input type="checkbox"/> BL <input type="checkbox"/> OA <input type="checkbox"/> OAL <input type="checkbox"/>
		MW <input type="checkbox"/> LV <input type="checkbox"/> HH <input type="checkbox"/>
23	Degree of Disability%
24	Details of Disability Certificate	Certificate No:
		Date of Issuance:
		Issuing Authority:
25	Have you been interviewed by HAL any time earlier?	Yes / No
	If yes, please give the details of the post for which you have been interviewed and also date/year	

Signature of the Candidate: _____

26	Details of the present employment (if applicable): i) Nature of Organization	Private sector / Public sector/ Govt organisation / Quasi Govt. Organisation
	ii) Present Pay and Allowances per month	Scale of Pay: Basic Pay: Dearness Allowance (DA): HRA: Other Allowances (Specify): Gross Salary per month: CTC per Annum:
27	Are you willing to be posted anywhere in India?	Yes / No
28	Have you taken VRS from any PSU/Government organisations? If yes, please mention Date of VRS? And the Amount of received as Ex-gratia?	Yes / No

29. Details of Educational Qualification: (use separate sheet if required)

Qualification	Name of the Degree (viz. BA/ MA/MBA/ PGDM etc.)	Discipline / Trade / Subjects	Month & Year of passing the Exam	School / Board / University / Institution	Duration of Course & Mode of study	Marks Secured		% of Marks
						Marks Obtained	Max. Marks	
SSLC / SSC								
Intermediate								
ITI								
NAC / NCTVT								
Diploma								
Graduation								
Post Graduation								
Any other Qualification*								

*** Candidates are required to mandatorily indicate details of all qualifications acquired, enrolled or pursuing**

Signature of the Candidate: _____

30. Apprenticeship Details:

Institution / Organization	Period		Trade
	From	To	

31. Details of Employment (in Chronological order) if any (use separate sheet if required)

Sl. No.	Name of the Organization	Designation	Period		Pay Scale / Gross Pay	Reason for Leaving
			From	To		

32. Total Experience in No. of Years / Months (if applicable) :YearsMonths.

33. Any other relevant Details:

DECLARATION

I hereby declare that the above statements are true & complete to the best of my knowledge and belief. In case of any changes in the information furnished above, the same will be informed forthwith. In the event, the information is found to be false or incorrect, my candidature / appointment may be considered terminated without any notice.

Place :

Signature of the candidate

Date :

Signature of the Candidate: _____