

Annexure-I

HINDUSTAN AERONAUTICS LIMITED
AIRCRAFT DIVISION, NASIK

Please Affix a Self
Attested recent
Passport Size
Photograph

Application for (Specialty): _____

Advt.No. _____ **Dated.** _____

(Please fill the Application Format in Capital Letters)

- Please Furnish Full & Detailed information under each point and Enclose Xerox Copies of Certificates / testimonials in proof of the same.
- Suppression of any relevant information or incomplete information will entail disqualification for engagement

1	NAME in BLOCK LETTERS(As it appeared in SSLC/SSC Certificate)																					
2	Gender	Male / Female																				
3	Father's Name																					
4	Mother's Name																					
5	Date of Birth (DD/MM/YYYY format) Age as on date of Advertisement/...../..... Years Months..... Days																				
6	State of Domicile & Nationality																					
7	Permanent Address Dist: Pin:	Address for Communication (All future Communication will be made on this Address Only) Dist: Pin:																				
8	Are any of your close relatives working in HAL? If yes, provide details of Name, Designation, Division, etc.																					
9	Phone / Mobile Number																					
10	E-Mail ID																					
11	Proficiency of Languages	<table border="1"> <thead> <tr> <th>Language</th> <th>Read</th> <th>Write</th> <th>Speak</th> </tr> </thead> <tbody> <tr> <td>Hindi</td> <td></td> <td></td> <td></td> </tr> <tr> <td>English</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Marathi</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Language	Read	Write	Speak	Hindi				English				Marathi							
Language	Read	Write	Speak																			
Hindi																						
English																						
Marathi																						

12. Educational Qualifications:

Degree	Branch	University	Class / Division	Total Marks Obtained	Total Marks of all semesters/ years	Aggregate Percentage of Marks Obtained	Mode of Study	Year of Passing

(Note: Please read the general conditions of the advertisement and give full & Complete Information. Use separate Sheets if required)

13. Details of Training Undergone in the last 5 Years

Name of the Program	Institution/Organization	Duration of Training	
		From	To

14. Professional Experience in Chronological order (Starting from Recent / Present Experience)

Sl.No	Organization & Org. Type	Designation	Nature of Duties (Elaborate on a Separate sheet if need be)	Duration		No. of years / Months Completed	Gross pay & Reasons for leaving
				From Date	To Date		

(Note: Please read the general conditions of the advertisement and give full & Complete Information. Use separate Sheets if required)

15. Total Experience in No. of Years & Months: ____ Years ____ Months

16. No. of years of Post Professional Qualification Experience _____

17. Registration Number: (MBBS) _____ (MS/MD/DNB/DM _____) _____

18. **Expected Remuneration per visit (Considering two hours visit):** _____

19. How soon you can join if selected? _____

I hereby declare that the above statements are true and complete to the best of my knowledge and belief. In the event, the information is found to be false or incorrect; my candidature is liable to be terminated without any notice.

Place:

Date:

Signature of the Candidate