



HINDUSTAN AERONAUTICS LIMITED
CORPORATE OFFICE
Application Format
SPECIAL RECRUITMENT DRIVE (SC/ST/OBC-NCL): 2019
(3rd Attempt)

(Please fill the Application Format in **CAPITAL LETTERS** only)
Advt. No. HAL/HR/36(98)/SCSTOBC-NCL/III/2019

Paste
Self Attested
recent passport
size colour
photograph

1	Name of the post applied for (as per the Detailed Web Advertisement)	
2	Name in Full (As in SSLC / SSC Certificate)	
3	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
4	Father's Name	
5	Mother's Name	
6	Marital Status	Married <input type="checkbox"/> Unmarried <input type="checkbox"/>
7	Nationality	
8	State of Domicile	
9	Date of Birth (DD / MM / YYYY)	
10	Age as on 2.5.19	____ Years ____ Months ____ Days
11	Religion (Please tick):	Hindu / Muslim / Christian / Sikh / Neo - Buddhist / Zoroastrians / Jain / Others specify _____
12	Category	SC <input type="checkbox"/> ST <input type="checkbox"/> OBC-NCL <input type="checkbox"/>
	Name of the Caste / Tribe / Community	_____
13	Permanent Address	Address for Communication (All future Communications will be made on this Address only)

Signature of the Candidate: _____

14	Primary Mobile Number (Compulsory)							
	Alternate Mobile Number							
15	E-mail ID (Compulsory)							
<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>								
16	Nearest Railway Station (with reference to the present address)							
17	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"/>						
18	Are you an Ex – Servicemen?	Yes <input type="checkbox"/> No <input type="checkbox"/>						
19	Are you a Person with Benchmark Disability (PWBD)? If Yes, mention the category of Disability (VH/OH/HH) (copy of Certificate to be produced at the time of Interview)	<table border="0"> <tr> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>VH <input type="checkbox"/> OH <input type="checkbox"/> HH <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="2">Sub-disability (Pl. Specify): _____</td> </tr> </table>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	VH <input type="checkbox"/> OH <input type="checkbox"/> HH <input type="checkbox"/>		Sub-disability (Pl. Specify): _____	
Yes <input type="checkbox"/>	No <input type="checkbox"/>							
VH <input type="checkbox"/> OH <input type="checkbox"/> HH <input type="checkbox"/>								
Sub-disability (Pl. Specify): _____								
20	Have you been interviewed by HAL any time earlier? If yes, please give the details of the post for which you have been interviewed and also date/year	Yes / No						
21	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: Grade Pay (if applicable): Dearness Allowance (DA): HRA: Other Allowances (Specify): Gross Salary per month: CTC per Annum:						

Signature of the Candidate: _____

22	Are you willing to be posted anywhere in India?	Yes / No
23	Have you taken VRS from any PSU/Government organisations? If yes, please mention Date of VRS? And the Amount received as Ex-gratia?	Yes / No

24. Educational Qualification: (Academic and Professional – from SSLC onwards)

Name of Qualification with specialization wherever applicable.	Institution / University	Nature of the Course (Full Time/ Part Time/ Correspondence)	Duration of the Course	Subjects / Specification	Class / Division	Month & Year of Passing	Percentage obtained*
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

(Note: Please give full & complete information)

* Where ever CGPA or letter Grade is awarded, equivalent percentage of marks should be indicated as per the norms adopted by the University / Institute. A Certificate from the respective University / Institute to this effect should be submitted at the time of document verification.

25. 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		

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

Signature of the Candidate: _____

27. If selected, how soon can you join? _____

28. **Pen picture details** (To be **mandatorily typed** in about 500 words on a separate sheet and enclosed to the application with your name legibly written on the top of the paper) - **Applicable in case of candidates possessing work experience:**

- (i) Detailed Picture of the current position held.
- (ii) Pen picture of Professional experience, achievements & significant contribution in the field.

29. Details of Application Fee paid through HAL Recruitment A/C No. **30969511830** (i.e. Application Fee of Rs. 500/- & Bank charges of Rs. 50/-):

Name of SBI Branch / Bank	Branch Code	Date	Amount
			Rs. 550/- (including Rs.50/- towards Bank charges)

(Copy of Challan "**HAL Copy**" to be enclosed with the application)

30. 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: _____