

HINDUSTAN AERONAUTICS LIMITED KORAPUT DIVISION, SUNABEDA-763002, ODISHA

APPLICATION FORM

Advertisement No.: KPT/IHC/SRD/2024-01

Paste self attested recent passport size photograph

App	lication for the Post of	
01	Name (In BLOCK Letters)	
02	Gender (Male / Female / Others)	
03	Father's Name	
04	Mother's Name	
05	Name of Spouse & Occupation of spouse, if married.	
06	a) Date of Birth (DD/ MM/YYYY) b) Age as on 30-12-2024	a)Months
07	State of Domicile & Nationality	
	Correspondence Address	Permanent Address
08	PIN:	PIN:
	Mobile No.	Email ID
09	Ploblie No.	Lillan 15
10	Nearest Railway Station	
	Troures Hamma, Clause	
11	Religion	
11	<u> </u>	YES / NO
	Religion Were you domicile of Jammu & Kashmir during the period from 01.01.1980 to 31.12.1989? If so,	YES / NO SC / OBC (NCL)

Are you a Person with Benchmark Disability (PwBD)? If Yes, mention the category of Disability (Enclose a copy of disability certificate) Are you an Ex-Serviceman? Are you an Ex-Serviceman? If Yes, mention the last Rank held and the number of years served in the Rank. Are you Serving as Officer in the Armed forces (Navy / Army / Air Force)? If Yes, mention the present Rank and the number of years completed in the Rank. Have you been interviewed by HAL anytime earlier? If yes, kindly mention the following details; Post interviewed: Date / Year of interview Wenue of interview Wenue of interview Wenue of interview Wenter any of your close relatives are working in HAL? If yes, please provide details of Name, Designation, Division etc. a) Read: b) Write: c) Speak: Have you ever been a Member/ Worker of any Political Party/ Organization or participated in any Political activities? If 'Yes' please give the following details: Name of Political Party / Organization: Particulars of Political Activity (if any): Period of Membership (from year)/year of participation in Political Activity Office, if any, held in Political Party: Office, if any, held in Political Party: Category of Disability: Actegory of Disability: Yes / No Yes / No Are you are Ex-Serviceman? Yes / No Ale Yes / No Are you are Ex-Serviceman? Yes / No Are you are Ex-Serviceman? Yes / No Are you are Ex-Serviceman? Yes / No Are you are for a Member / Worker of any Political Activity (if any): Period of Membership (from year)/year of participation in Political Activity Office, if any, held in Political Party: Office, if any, held in Political Party:								
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Activity								
Office, if any, held in Political Party:		· · · · · · · · · · · · · · · · · · ·						
		Of	fice, if any, held in Political Party:					

20. EDUCATIONAL QUALIFICATION:

(Academic and Professional – only from Degree onwards)

Name of Qualification with specialisation wherever applicable	Institution / University	Nature of the Course (Full Time / Part Time / Correspondence)	Duration of the Course	Subjects / Specialisation	Class / Division	% of Marks	Month & year of Passing
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

(Use separate sheets, if required)

Note: (i) In case of CGPA or any other similar assessment criteria, equivalent percentage is to be mentioned as per norms adopted by the University / Institute. (ii) Please give full & complete information. Use separate sheets if required.

21. Details of Training/ Certifications undergone in the last 5 years

Name of the training		In India / in Abroad	Duration of the Training			
Name of the training Program	Institution / Organization		From (dd/mm/yyyy)	To (dd/mm/yyyy)		
(1)	(2)	(3)	(4)	(5)		

(Use separate sheets, if required)

22. Professional Experience (from the First Job onwards to Current Job)

In Chronological Order:

	Name of the Organization/ Establishment / Cel Employer / S	Central Govt. /State Govt./ Central PSU / State PSU / Private Org.	On Contract / Ad-hoc /permanent / Temporary / On-the-job training	Date				
Designation / Name of the position /Name of the post				From (dd/ mm/ yy)	To (dd/ mm/ yy)	Pay Scale	Gross Pay	Reason for Leaving
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

Note: Please give complete details for the experience profile like Date, Month & year. Use separate sheets if required).

(To be typed in about 100 words. If place is not sufficient here, the same may be enclosed to the application with your name on the top of the paper): Number of completed years of experience after completion of Professional Qualification: Present Scale of Pay a) Basic Pay 25 b) Grade Pay, if any. c) Dearness Allowance (DA) d) Gross Pay Date of Seniority (in the present post / Grade / Rank) 26 in DD/MM/YYYY format Expected Salary from HAL per month 27 If Selected, How soon can you join HAL?

Please mention in months.

23. Detailed picture of the current Position held by you in the present organization.

29. Pen picture of professional achievements and significant contribution in the field. (To be typed in about 100 words. If place is not sufficient here, the same may be enclosed to the application with your name on the top of the paper):

the application with your name on the top of the paper):							
	Have you availed Voluntary Re	Yes / No					
	similar scheme from any of yo	our previous employer?					
30	If Yes, please mention details	:					
31. C	Details of Application Fee:						
	Demand Draft No.	Date of issuance of Demand Draft	Amount (in INR)				
	e: Kindly attach Demand Draft al cation to be considered, in applical	long with the application form. The same ble cases.	is mandatory for the				
of m	32. I hereby declare that the above information/statements are true and complete to the best of my knowledge and belief. I understand that in the event the information is found to be false or incorrect, my candidature/appointment may be considered as terminated without any notice.						
Plac	e:						
Date	e: / /	Signature	of the Candidate				

Note: The candidate is required to submit completely filled application without leaving any field unfilled. Incomplete application(s) will be rejected. No correspondence will be entertained. The candidate should not attach any documents with the application blank other than the specified one in the application blank. No candidate shall submit/ forward multiple applications for the same post.