

HINDUSTAN AERONAUTICS LIMITED AVIONICS DIVISION :: HYDERABAD HUMAN RESOURCE DEPARTMENT

APPLICATION FORM FOR THE POST OFON PART TIME BASIS

ADVT. NO. HAL-HYD/2025/03, DATED 06.09.2025

1	NAME (IN BLOCK LETTERS)			
2	GENDER		Affix recent self attested colour	
3	FATHER'S NAME		photograph	
4	MOTHER'S NAME			
5	a) DATE OF BIRTH (DD-MM-YYYY) b) AGE AS ON 26.09.2025			
6	STATE OF DOMICILE & NATIONALITY			
7	RELIGION			
8	WERE YOU DOMICILE OF J&K DURING THE PERIOD FROM 01.01.1980 TO 31.12.1989? (COPY OF CERTIFICATE TO BE PRODUCED AT THE TIME OF DOCUMENT VERIFICATION / INTERVIEW)	YES / NO		
9	TICK (전) THE CATEGORY YOU BELONG TO (COPY OF CERTIFICATE TO BE PRODUCED AT THE TIME OF DOCUMENT VERIFICATION / INTERVIEW)	□SC □ST □OBC □EWS □GEN		
10	ARE YOU A PERSON WITH DISABILITY (PWD)? IF SO, MENTION THE CATEGORY OF DISABILITY (COPY OF CERTIFICATE TO BE PRODUCED AT THE TIME OF DOCUMENT VERIFICATION / INTERVIEW)	YES / NO 		
11	ADDRESS FOR COMMUNICATION WITH CONTACT NO. & E-MAIL ID	Phone No(s)E-Mail ID(s)		
12	PERMANENT ADDRESS WITH CONTACT NO.	Phone No(s).		
13	EXPECTED REMUNERATION PER VISIT (In Rupees)			
14	HAVE YOU BEEN INTERVIEWED BY HAL ANYTIME EARLIER?	YES / NO (IF YES, PLEASE PROVIDE THE FOLLOWING DETAILS :) Post Interviewed : Date of Interview : Venue of Interview :		

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15	HAVE YOU EVER BEEN A MEMBER/ WORKER OF ANY POLITICAL PARTY / ORGANISATION OR PARTICIPATED IN ANY POLITICAL ACTIVITIES? If 'Yes' please give the following details: a) Name of Political Party / Organization: b) Particulars of Political Activity (if any): c) Period of Membership (from year) / year of participation in Political Activity: d) Nature of Participation in Political Activity: e) Office, if any, held in Political Party:			YES / NO a) b) c) d) e)			
16	IS / ARE ANY OF YOUR CLOSE RELATIVES WORKING IN HAL?			YES / NO (IF YES, PLEASE PROVIDE THE FOLLOWING DETAILS :) NAME : DESIGNATION : DIVISION :			
17	17 DETAILS OF EDUCATIONAL & PROFESSIONAL QUALIFICATION(S)						
Qualification with University / (Full-T		ature of course Time / Part-Time / rrespondence)	Duration of the Course	Month & Year of Passing	% of Marks / Grade / Class		
(Note	e: Please give full 8	& complete informat	ion. Use se	parate sheets, if requ	ired)		

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18	DETAILS OF PROFESSIONAL EXPERIENCE AS ON 26.09.2025 (IN YEARS) (In Chronological Order, from the first to the present Job)							
G	rado 9	Name of	Govt. / Quasi Govt	Type of Employment	Period of Employment (DD/MM/YYYY)		Gross Pay (Rs.)	Reason for Leaving
Grade & Designation		Organization	/ PSU / PVT.	(Part-Time / Contract / Permanent)	From	То		
(Note: Please give complete details for experience profile like Date, Month & Year, Use senarate sheets, if required)								

DECLARATION

I do hereby declare that, the above details furnished by me are true and complete to the best of my knowledge and belief. In the event of the said information being found false / incorrect / incomplete, my Candidature / Engagement may be terminated without any notice.

PLACE:	
	SIGNATURE OF THE CANDIDATE
DATE:	

<u>Note:</u> Enclose copies of self-attested certificates with regard to Age, Qualification & Experience in support of the details mentioned above.