Performa for Wards of Serving/ Retired/ Deceased Employees of HAL

To,				
Chief Manager (Training) Technical Training Institute, HAL Avionics Division, Korwa, Amethi -227412				
Sir, I, of Shri/ SmtDivision.		who 1s/	was a Em	ployee of HAL -
I am interested in doing Apprentic	eship Training in F	IAL, Avionics	Division Korw	va.
The Employment details of my Fa	ther/ Mother/Spous	se in HAL are a	s follows: -	
Name				
PB No.				
Category of Employee (Please tick one of the options)	Serving	Retired		Deceased
The above information, furnished	Declaration by me, is true to the		owledge and t	pelief.
Counter Signature of Parent			Signature of	the Candidate
!	Certification by H	R Officer		
The information provided by Cand the mentioned HAL Employee.	lidate is verified an	d found correct	t as per the Off	ficial Record of
		S	Signature	
		1	Name	
		I	P.B. No	
		I	Designation	
		ī	HAI Division	