



**HINDUSTAN AERONAUTICS LIMITED
HELICOPTER MRO DIVISION**

**APPLICATION FORM FOR ENGAGEMENT FOR THE POST OF
AIRCRAFT TECHNICIAN (XSM) (D-6) ON TENURE BASIS
IN NON-EXECUTIVE CADRE**

(APPLICATION TO BE FILLED IN CAPITAL LETTERS ONLY)

Application No.: _____ (For Office use only)

Paste self attested
recent passport
size colour
photograph

All fields are mandatory. Please read the enclosed advertisement prior to filling up the application form.

| | | | |
|------|---|------------|--------------------|
| 1. | Name | | |
| 2. | Gender | | |
| 3. | Father's Name | | |
| 4. | Mother's Name | | |
| 5. | Spouse Name (if married) | | |
| 6. | Date of Birth & Age as on 01-01-2025 | dd/mm/yyyy | ___ Yrs. ___ Mths. |
| 7. | State of Domicile and Nationality | | |
| 8(a) | Email ID | | |

All correspondences to the candidates will be made via e-mail on the e-mail id provided by the candidate in the application form. No other method of communication will be adopted.

| | | Contact / Current Residential Address | Permanent Address |
|-------|--|---------------------------------------|----------------------------------|
| 8 (b) | | | |
| | | PIN Code | PIN Code..... |
| | | Phone No (with STD Code): | Phone No (with STD Code): |
| | | Mobile No. | Alternative Contact No: |
| | 9. | Nearest Railway Station | |
| | 10. | Religion | |
| 11. | Circle the Category (<i>copy and original of Certificate to be produced at the time of Document Verification</i>) | SC/ ST/ OBC-NCL/ UR | |
| 12. | Were you domicile of J&K during the period from 01.01.1980 to 31.12.1989? (<i>copy and original of Certificate to be produced at the time of Document Verification</i>) | Yes / No | |

| | | |
|--------|---|--|
| 13. | Are you a Person with Benchmark Disabilities (PwBD)? <i>(copy of Certificate to be produced at the time of Document Verification)</i> | Yes / No If yes, Category of Disability _____ Percentage of Disability _____ |
| 14 (a) | Are you an Ex- Serviceman? <i>(if yes, please answer the following)</i> | Yes / No |
| | Date of Joining the Services | |
| | Date of Discharge from the Services | |
| (b) | Are you Serving employee in the Armed Forces? <i>(if yes, please answer the following)</i> | Yes / No |
| | Date of joining the Services | |
| | Present Rank | |
| | Date of Seniority in Present Rank | |
| | No. of completed years in the Current Rank as on 01-01-2025 | |
| 15. | Are any of your close relatives working in HAL? If yes, provide details of Name, Designation, Division, etc. | Yes / No |
| 16. | 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 the Political Party/ Organisation: 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 |

17. **EDUCATIONAL QUALIFICATION:** (Academic and Professional – from SSLC onwards)

| Name of Qualification with specialization wherever applicable | Institution / University/ Board | Nature of the Course (Full Time/ Part Time/ Correspondence) | Duration of the Course | Subjects / Specification | Class / Division | Month & Year of Passing | Marks Obtained | % of Marks |
|---|---------------------------------|---|------------------------|--------------------------|------------------|-------------------------|----------------|------------|
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

(Note: Please give full & complete information. Use separate sheets if required)

18. **Details of Training undergone in the last 5 years:**

| Name of Program | Institution / Organisation | Duration of the Training | |
|-----------------|----------------------------|--------------------------|-----------------|
| | | From (dd/mm/yyyy) | To (dd/mm/yyyy) |
| (1) | (2) | (3) | (4) |
| | | | |
| | | | |

(use separate sheets, if required)

19. **Professional Experience** (in chronological order) : (use separate sheets, if required)

| Sl. No | Designation | Name of the Organisation | Central Govt/ PSU / Private | Period of Service | | Pay Scale | Gross Pay | Reasons for Leaving |
|--------|-------------|--------------------------|-----------------------------|-------------------|---------------|-----------|-----------|---------------------|
| | | | | From (dd/mm/yy) | To (dd/mm/yy) | | | |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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

Note: (i) The period of training undergone by a candidate in a Private Company is not reckoned for calculating the Post Professional Qualification Experience.

(ii) Candidates are required to carefully indicate details at Sl. No. 17 & 19 as per the Documentary Proof available with them. The same are subject to scrutiny/ verification at a later stage of selection.

20. No. of years of Post Professional Qualification Experience you possess (in completed years):
_____Years _____months (as on **01-01-2025**)

21. **Application fee details:**

| Name of Bank & Branch address where fee is deposited | Application fee amount (in Rs.) | Date of Deposit | Bank Challan Reference No. | Remarks |
|---|--|----------------------------|---------------------------------------|----------------|
| | | | | |

(Candidates should attach original counterfoil of challan (HAL Copy) along with the application for proof of payment, otherwise the same will not be considered)

22. Present Scale of Pay _____

Basic Pay _____ Dearness Allowance(DA) _____ Gross Pay _____
HRA _____

23. Date of Seniority (From Date in Present Grade / Post) (for PSU/ Armed Forces /Govt. employee):

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

25. Are you willing to be posted anywhere in India: Yes / No

26. Have you taken VRS from Armed Forces/ any PSU /Government Organisation? Yes / No
If yes, Please mention date of VRS _____ and the amount received as Ex-gratia: _____

I hereby declare that the above 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.

Place:

Date:

Signature of the Candidate