



**MECON LIMITED**  
(A GOVERNMENT OF INDIA ENTERPRISE)  
RANCHI – 834002, JHARKHAND

**APPLICATION FORM**

Affix recent colored  
passport size self  
attested photograph

**Advertisement No. 11.73.4.7/2022/Cont/01 dated: 09.06.2022**

1	<b>POST APPLIED FOR</b>				<b>Specialist (Surgeon)</b>					
	<b>POST CODE</b>				<b>Not Applicable</b>					
2	<b>NAME (IN CAPITAL)</b> <i>(As appearing in matriculation certificate)</i>									
3	<b>FATHER'S/ SPOUSE'S NAME</b>									
4	<b>GENDER</b> <i>(Put a tick mark)</i>	Male	Female	Others	<b>Marital Status</b> <i>(Put a tick mark)</i>			Married / Unmarried / Others <i>(Please specify if Others)</i>		
5	<b>DATE OF BIRTH</b>	D	D	M	M	Y	Y	Y	Y	<b>NATIONALITY</b>
6	<b>Age</b> <i>(As on prescribed date in advertisement)</i>	Year				Months			Days	
7	<b>CATEGORY</b> <i>(Put a tick mark)</i>	General	SC	ST	OBC (Non Creamy Layer)	EWS	(Attach documentary evidence)			
8	<b>Whether Person with Disability</b> <i>(Put a tick mark)</i>	Yes	No	If Yes, State the nature of Disability (OH/VH/HH/Others) ..... (Attach documentary evidence) % of disability.....						
9	<b>Whether Ex Servicemen</b> <i>(Put a tick mark)</i>	Yes	No	If Yes, indicate the following						
				Commissioned Officer		Short Service Commissioned Service/Emergency Commissioned Officer				
		Indian Army		Indian Navy		Indian Air Force		Others (please specify)		

10	<b>Whether Meritorious Sportsman</b> <i>(Put a tick mark)</i>	Yes	No
<i>If Yes, whether represented in the following ((Put a tick mark)</i>			
International competition / sports		National competition / sports	Inter University competition / sports
State School Teams in National Sports by All India School Games Federation		Awarded National Awards in Physical Efficiency under National Physical Efficiency Drive.	
11	<b>Whether Domiciled in the State of Jammu &amp; Kashmir during the period 01.01.1980 to 31.12.1989.</b> <i>(Put a tick mark)</i>	<b>YES</b>	<b>NO</b>
12	<b>ACADEMIC AND PROFESSIONAL QUALIFICATIONS (Starting from Matriculation)</b>		
Name of Examination passed	Whether full time / part time/ correspondence	Duration of the course	Name of the Institution / University
Main Subjects/ Specialization	Month & year of passing *	Grade# / % marks & Class/ Division	
<p>* Date of declaration of result/ date of issue of final semester marks sheet/ provisional certificate/ degree, whichever is earlier will be considered as the date of passing the examination. Please provide complete information. Use separate Annexure/sheet if required.</p> <p>#Equivalent % to be mentioned in bracket. <i>(Please attach self attested copies of all certificates/ mark sheets)</i></p>			
13	<b>Details of additional qualification(s)/training(s) undergone (if any)</b>		
Name of qualification/ Training Programme	Whether full time/ part time/ correspondence	Duration of the course/ Training programme	Name of the Institution/ University
Main Subjects / Specialization / Training content	Month & year of passing/ Training *	Grade# / % marks & Class/ Division (if any)	
<i>(Please attach self attested copies of all certificates/ Testimonials)</i>			
#Equivalent % to be mentioned in bracket.			

14 MENTION DETAILS OF WORK EXPERIENCE AS APPLICABLE (IN CHRONOLOGICAL ORDER)							
Name & address of the employer	Post held	Period				Job description in brief	Pay Scale/ Salary drawn per annum
		From	To	Total			
				Years	Months		
<p><b>Note:</b> Please attach self attested copy of experience certificate of each employer along with proof of salary drawn.</p>							

15	ATTACH A SEPARATE SHEET AS ANNEXURE GIVING BRIEF ABOUT ACHIEVEMENTS MADE IN THE PRESENT ASSIGNMENT (NOT EXCEEDING 200 WORDS). - <b>NOT APPLICABLE</b>					
16	<b>Details of NDT Course</b>  <b>NOT APPLICABLE</b>	Level	Type of Non Destructive Test *	Certificate No.	Valid upto	Name of the institute
* Like Radiography / UT / LP etc.						
17	<b>ADDRESS</b> (Please give full postal address with postal pin no.)					
	<b>FULL ADDRESS, CONTACT NO., FAX NO. &amp; E-MAIL OF PRESENT EMPLOYER, IF EMPLOYED</b>		<b>PRESENT ADDRESS OF THE CANDIDATE</b>		<b>PERMANENT ADDRESS OF THE CANDIDATE</b>	
<b>MOBILE NO. OF CANDIDATE</b>			<b>E-MAIL OF CANDIDATE</b>			
<b>DETAILS OF APPLICATION FEES, IF APPLICABLE</b>						
DD/ Banker's Cheque No.  .....		AMOUNT  .....			NAME OF BANK  .....	

I hereby certify that the information provided above is true to the best of my knowledge and in case any information as above is found to be false or in-correct or suppressed at any stage, I understand that I am liable to be terminated from the services of MECON Limited forthwith without prejudice to any other legal and disciplinary action as deemed fit by the Management.

Place: .....

Date: .....

**(Signature of the Applicant)**

**For Office Use Only**

Date of Birth verified	Educational Certificate(s) checked	Work Experience verified	NDT	Category (SC/ST/OBC/ EWS /PWD/ Ex Servicemen/ Sports person) Certificate verified, if any	Remarks

**Name :**

**Designation:**

**(Signature of Verifying officer)**