



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/03 dated: 09.12.2022

1	POST APPLIED FOR				Specialist (Radiology)					
	POST CODE				Not Applicable					
2	NAME (IN CAPITAL) <i>(As appearing in matriculation certificate)</i>									
3	FATHER'S/ SPOUSE'S NAME									
4	GENDER <i>(Put a tick mark)</i>	Male	Female	Others	Marital Status <i>(Put a tick mark)</i>			Married / Unmarried / Others <i>(Please specify if Others)</i>		
5	DATE OF BIRTH	D	D	M	M	Y	Y	Y	Y	NATIONALITY
6	Age <i>(As on prescribed date in advertisement)</i>	Year				Months			Days	
7	CATEGORY <i>(Put a tick mark)</i>	General	SC	ST	OBC (Non Creamy Layer)	EWS	(Attach documentary evidence)			
8	Whether Person with Disability <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	Whether Ex Servicemen <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	Whether Meritorious Sportsperson <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		
Whether Domiciled in the State of Jammu & Kashmir during the period 01.01.1980 to 31.12.1989. <i>(Put a tick mark)</i>			YES		NO	
12	ACADEMIC AND PROFESSIONAL QUALIFICATIONS (Starting from Matriculation)					
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
* 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.						
#Equivalent % to be mentioned in bracket. <i>(Please attach self attested copies of all certificates/ mark sheets)</i>						
13	Details of additional qualification(s)/training(s) undergone (if any)					
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>Note: 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). - NOT APPLICABLE					
16	Details of NDT Course NOT APPLICABLE	Level	Type of Non Destructive Test *	Certificate No.	Valid upto	Name of the institute
* Like Radiography / UT / LP etc.						
17	ADDRESS (Please give full postal address with postal pin no.)					
	FULL ADDRESS, CONTACT NO., FAX NO. & E-MAIL OF PRESENT EMPLOYER, IF EMPLOYED		PRESENT ADDRESS OF THE CANDIDATE		PERMANENT ADDRESS OF THE CANDIDATE	
MOBILE NO. OF CANDIDATE			E-MAIL OF CANDIDATE			
DETAILS OF APPLICATION FEES, IF APPLICABLE						
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/ Sportsperson) Certificate verified, if any	Remarks

Name :

Designation:

(Signature of Verifying officer)