

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

Affix recent colored passport size self attested photograph

APPLICATION FORM

Advertisement No. 11.73.4.1/2023/NISP O&M Contract/01 Dated: 31/07/2023

1.	REGISTRATION NO.										
2.	POST APPLIED FOR (as per the registration form filled by the candidate)										
3.	UNITS (like Main, Auxiliary / Supporting, Plant Integrators)										
4.	AREA OF EXPERIENCE (like RMHS, Coke Oven etc.)										
5.	NAME (IN CAPITAL) (As appearing in matriculation certificate)										
6.	FATHER'S/ SPOUSE'S NAME										
7.	GENDER (Put a tick mark)	Male Female Ot					hers Marital Status (Put a tick mark) Married / Unmarried / (Please specify if Or				
_		D	D	М	М	Y	Y	Υ	Y	NATIO	NALITY
8.	DATE OF BIRTH										
9.	Age (As on prescribed date in advertisement)	Year					Months			Days	

10.	ACADEMIC AND PROFESSIONAL QUALIFICATIONS								
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.
#Equivalent % to be mentioned in bracket.

(Please attach self attested copies of all certificates/ mark sheets)

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	Period Period						loh	D C 1
ame & address f the employer	Area of Experience	Post held & Employee Type			Total		Job description	Pay Scale Salary drav
i ille employer	Lxpellerice		From	То	Years	Months	in brief	per month

Note: Please attach self attested copy of experience certificate of each employer along with proof of salary drawn.

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12.	ADDRESS (Please	give full postal add	dress with 1	postal pin no.)					
			T NO., FAX NO. & E- IF EMPLOYED	MAIL		ODRESS OF THE (WITH PINCODE)		PERMANENT ADDRESS OF THE CANDIDATE (WITH PINCODE)			
	PLACE MOBILE NO. OF CAND			ANDIDATE	IDATE E-MAIL OF CANDIDATE						
13.	REFERENC	ES DET	AIL								
	e Person me	Post held & Name of the organization			Address for spondence	Email	ld	Mobile No.			
above the se	is found to	be fal	se or in-correct or s	uppressed	d at any stage	e, I understand that	I am liable to	e any information as be terminated from on as deemed fit by			
			he event of any with	_	_	_	closing of wrong	g documents, I am			
liable	for penal ac	tion a	nd will not qualify fo	or any pos	t in MECON Lt	d.					
olace.											
iuc c		•									

Date:

(Signature of the Applicant)