



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

Affix recent
colored passport
size self-attested
photograph

APPLICATION FORM

Advertisement No: 11.73.4.1/2024/Cont/01 dated: 13.06.2024

1	POST APPLIED FOR										
2	NAME (IN CAPITAL) <i>(As appearing in matriculation certificate)</i>										
3	FATHER'S NAME										
4	SPOUSE'S NAME										
5	GENDER <i>(Put a tick mark)</i>	Male	Fem ale	Others			Marital Status <i>(Put a tick mark)</i>			Married / Unmarried / Others <i>(Please specify if Others)</i>	
6	DATE OF BIRTH	D	D	M	M	Y	Y	Y	Y	NATIONALITY	
7	Age <i>(As on prescribed date in advertisement)</i>	Year				Months			Days		
8	CATEGORY <i>(Put a tick mark)</i>	General	SC	ST	OBC (Non-Creamy Layer)		EWS	(Attach documentary evidence)			
9	Whether Person with Disability <i>(Put a tick mark)</i>	Yes	No	<i>If Yes, State the nature of Disability</i> (OH/VH/HH/Others) <i>(Attach documentary evidence)</i> % of disability.....							
10	Whether Ex Servicemen <i>(Put a tick mark)</i>	Yes	No	<i>If Yes, indicate the following</i>							
				Commissioned Officer		Short Service Commissioned Service/Emergency Commissioned Officer					
		Indian Army		Indian Navy		Indian Air Force		Others (please specify)			

11	ACADEMIC AND PROFESSIONAL QUALIFICATIONS (Starting from Matriculation)							
	Name of Examination passed	Whether full time / part time/ correspondence	Duration of the course	Name of the Board/ University	Main Subjects/ Specialization	Month & year of passing *	Grade# / % marks & Class/ Division	
12	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
Note: Please attach self-attested copy of experience certificate of each employer along with proof of salary drawn.								
13	Driving License Number							
14	Issuing Authority							
15	Valid Upto							

16	Have you ever been Arrested/ Prosecuted/ Convicted in any case?	Yes/ No	If Yes, details of the case.	
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	Category (SC/ST/OBC/ EWS /PWD/Ex Servicemen/Sportsperson) Certificate verified, if any	Remarks	Signature of Verifying Officer

Name:

Designation:

(Signature of Verifying officer)