



NMDC LIMITED
(A Govt. of India Enterprise)

FOR OFFICE USE

Application for the Post of _____

Employment Notification No. _____

Grade :

Discipline :

Photo

1	Name (IN BLOCK LETTERS)	
2	Father's / Husband's Name	
3	Mother's Name	
4	Gender	
5	Date of Birth (dd/mm/yyyy)	
6	Marital status	
7	Religion	
8	Nationality	
9	Mailing Address	Present Contact / Mailing Address:
		State Pin code
		Permanent Address:
		State Pin code
10	Phone No. (with STD Code) / E-mail ID (Call letters will be sent through e-mail also)	Phone No. STD code
		Mobile No.
		E-mail ID @

11	Category (Please tick ✓) Enclose copy of certificate in case of SC/ST/OBC (Non Creamy Layer)	GENERAL	OBC (Non Creamy Layer)	SC	ST
12	Whether the candidate is Physically Challenged? (Please tick ✓)	Yes:			No:
13	If yes, nature of Handicap & percentage of disability	OH	HH	VH	Disability: _____ %age
14	Whether the candidate is an Ex-Serviceman? (Please tick ✓)	Yes:			No:
15	Whether involved in any criminal case/law suit at any time? (Please tick ✓)	Yes:			No:
16	Details of Application fee paid	(a) Amount (Rs.)			(b) Bank Journal Number
		(c) Receipt Number			(d) Whether Original receipt enclosed Yes/No

17	Educational Qualifications: (Use separate sheet if required)					
	Name of Course	Name of Board/ Institution/ University	Month & Year of Passing	Subject / Specialization	Duration of Course	Division / % of Marks

18	(For Para Medical Staff only)						
	Details of Post Qualification Experience (Use additional sheet if required)						
	Name of the organization (Full name with address)	Designation with the area of work	Period (Exact dates to be given)		Total Period (Year & months)	Nature of Duties (maximum 500 words)	Scale of Pay & Basic Pay (in case of Govt./PSU employee) /CTC per annum (in case of Pvt. Company employee)
From			To				

I certify, that the information furnished above is true, complete and correct to the best of my knowledge & belief. In the event of any information being found false or in correct, my candidature may be cancelled and my appointment if made, shall stand terminated without any notice and compensation

Place:

Date:

Signature of Applicant

19	Sl No.	Certificates	Date of Issue
	1	Proof of Date of Birth	
	2	Certificates in respect of prescribed Qualification	
	3	Marksheet of prescribed Qualification	
	4	Experience Certificates (as applicable)	
	5	Caste Certificate (if applicable) / Non-creamy layer certificate for OBC	
6	Any other		