

ANNEXURE-I

Check List for enclosures For office use only (Certificates duly self - attested by the)

- | | | | | |
|---|------------------------|--|---|--------------------------|
| 1 | SSC / Matr | Affix | : | <input type="checkbox"/> |
| 2 | Mercantile | Self-attested Certificate/Swimming Certificate | : | <input type="checkbox"/> |
| 3 | Experience | latest | : | <input type="checkbox"/> |
| 4 | SC/ST/OBC | Photograph | : | <input type="checkbox"/> |
| 5 | PHC Certifi | | : | <input type="checkbox"/> |
| 6 | Ex-Service | | : | <input type="checkbox"/> |
| 7 | Self-address | | : | <input type="checkbox"/> |
| 8 | Two latest Photographs | | : | <input type="checkbox"/> |

**APPLICATION FOR RECRUITMENT OF BOAT CREW
EASTERN NAVAL COMMAND AND ANDAMAN & NICOBAR COMMAND – 02/2018**

EXAMINATION CENTER: VISAKHAPATNAM / PORT BLAIR (Please tick (√) the choice of Centre)

1	POST APPLIED FOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		F	I	R	S	T	N	A	M	E											
2	NAME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		M	I	D	D	L	E	N	A	M	E										
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		L	A	S	T	N	A	M	E												
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	FATHER'S NAME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	DATE OF BIRTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	ADDRESS FOR COMMUNICATION WITH PIN CODE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	MOBILE No:	<input type="text"/>																			
7	E-MAIL ID(in CAPS)	<input type="text"/>																			
8	NATIONALITY	<input type="text"/>							RELIGION	<input type="text"/>											

9 EMPLOYMENT REGD. No. & PLACE

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10 CATEGORY

SC	ST	OBC	UR	EX-SERVICE	SPORTS PERSON

11 ARE YOU PHYSICALLY CHALLENGED Under HH category

YES/NO

If yes, HH %

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12 QUALIFICATIONS:
(A) ACADEMIC QUALIFICATIONS.

Name of the Exam/Course	Year of Passing	Total Marks obtained	Percentage of Marks		Name of the Institute
			With language	Without language	

(B) TECHNICAL QUALIFICATIONS:

Trade	Year of Passing	Marks obtained	Percentage	Name of the Institute

(C) ESSENTIAL/DESIRABLE QUALIFICATION:

Mercantile Marine Department certificate or equivalent / Swimming Certificate, if any	Year of Passing	Certificate number and date	Name of the Institute/MMD & Place

(D) EXPERIENCE AS _____

Name of the Firm/Vessel issued the certificate	FROM (dd/mm/yyyy)	TO (dd/mm/yyyy)

13 RESULTS PUBLICATION: Willingness to display of Marks in the Public Domain post Examination / Selection process: YES / NO

Note: If option is not exercised by the candidate, by default option will be treated as "Yes".

14 IN CASE OF RETIRED DEFENCE SERVICE PERSONNEL, THE FOLLOWING DETAILS MAY ALSO BE FURNISHED.

(a)	Personnel number, Rank	
(b)	Ex-Service	Army / Navy / Air Force
(c)	Date of enrolment	
(d)	Date of Retirement/Discharge	
(e)	Reasons for release/discharge	
(f)	Medical Category	
(g)	Award or Decoration	

(h)	Present profession/employment			
(i)	Languages known	Read	Write	Speak
	(a) Indian			
	(b) Foreign			
(j)	Character as assessed by the Military authorities			
(k)	Extra-Curricular activities			
	(a) Sports			
	(b) Literary			
	(c) Cultural/Art			
(l)	Details of pay/pension/gratuity			
	(a) Last basic pay drawn			
	(b) Total emoluments			
	(c) Details of Pension/Gratuity			
(m)	Zilla Sainik Board / Employment Exchange (Registration No.)			

15 Are you a Govt. Employee? Yes/No. (If Yes, Please furnish details)

Name & Address of the Organization	Central/ State/ PSU	Name of the Post Held & Pay Scale	From	To	Nature of duties

16 LIST OF ENCLOSURES

Sl. No	TITLE OF DOCUMENT	DATE OF ISSUE (dd/mm/yyyy)

17. (i) I hereby declare that all the statements made in the application are true, complete and correct to the best of my knowledge and belief. I understand and agree that in the event of any information being found false or incorrect or incomplete or ineligibility being detected at any time before or after selection/interview, my candidature is liable to be rejected. I shall be bound by the decision of the Competent Authority.

(ii) I have informed my Head Office/Department in writing that I am applying for the post and obtained No Objection Certificate (wherever applicable).

Date

Signature of the applicant

Place:

COUNTERSIGNED BY THE ZILLA SAINIK BOARD
(IN CASE OF EX-SERVICE PERSONNEL)