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**MOIL LIMITED**  
**(Formerly Manganese Ore (India) Limited**  
**MOIL Bhawan, 1-A Katol Road,**  
**Nagpur – 440 013**

Application for the post of \_\_\_\_\_

PO/DD No. \_\_\_\_\_ Date \_\_\_\_\_

1. Name (in full) (\*): \_\_\_\_\_
2. Father's/Husband's Name (\*): \_\_\_\_\_
3. Date of Birth (\*): \_\_\_\_\_  
(In figures & words)
4. Age as on Advt. Date (in completed years): \_\_\_\_\_
5. Gender: (Male/Female/Transgender) (\*): \_\_\_\_\_
6. Nationality & Religion: \_\_\_\_\_
7. Category (UR/EWS/OBC/SC/ST (\*) : \_\_\_\_\_  
& Ex-servicemen/ Minority)
8. Address for Communication (\*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Permanent address (\*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. E-Mail ID (\*) : \_\_\_\_\_

Mobile No. \_\_\_\_\_

Landline with STD Code \_\_\_\_\_

11. Marital Status: Married/Unmarried

If married:

Name of spouse: \_\_\_\_\_

No. of Children: Son(s) \_\_\_\_\_

Daughter(s) \_\_\_\_\_

12. State of origin: \_\_\_\_\_

Domicile: \_\_\_\_\_

13. Are you working with Govt./Public Sector : \_\_\_\_\_

14. If yes, are you enclosing NOC: \_\_\_\_\_

15. Qualification (In descending order) (\*):

Degree/Diploma	Yr. of passing	University/Instit.	Division & % of Marks	Remarks

16. Experience (Starting from present Employer) (\*):

S.N.	Name of the Organization	Designation	From Date	To Date	Scale of Pay and Total Emoluments	Nature of Duties

17. Academic Achievements: 1. \_\_\_\_\_  
(Like merit, scholarship, awards etc.) 2. \_\_\_\_\_

18. Professional papers (submitted if any): 1. \_\_\_\_\_  
2. \_\_\_\_\_

19. Details of training undergone (India/Abroad): 1. \_\_\_\_\_  
2. \_\_\_\_\_

20. Membership of any Professional Bodies: 1. \_\_\_\_\_  
2. \_\_\_\_\_

21. Any other details: \_\_\_\_\_

22. No. of Certificates attached \_\_\_\_\_  
(Please attach self-attested copies of certificates)

23. (i) Have you been arrested at any time (\*): Yes/No

(ii) If Yes, give Details: \_\_\_\_\_

\_\_\_\_\_

24. (i) Have you been convicted for any offence **or**  
Any case is pending against you in any court of law (\*): Yes/No

(ii) If Yes, give Details: \_\_\_\_\_  
\_\_\_\_\_

25. Languages known:

Language	Read	Speak	Write

26. Two professional references (other than relatives)  
(Name, Address, Contact No.)

i. \_\_\_\_\_

ii. \_\_\_\_\_

**(\*) - Mandatory field must be filled up**

**DECLARATION**

I, \_\_\_\_\_ do hereby declare that the information given above is true to the best of my knowledge and belief and no factual information has been suppressed.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_