



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 05/10/2019 (in completed years): _____
5. Gender: (Male/Female/Transgender) (*): _____
6. Nationality & Religion: _____
7. Category (UR/EWS/OBC/SC/ST (*) : _____
& Ex-servicemen/ Minority)
Caste (*) : _____
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 : _____

If yes, are you enclosing NOC: _____

14. Qualification (In descending order) (*):

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

15. 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

16. Academic Achievements: 1. _____
(Like merit, scholarship, awards etc.)

2. _____

17. Professional papers (submitted if any): 1. _____

2. _____

18. Details of training undergone (India/Abroad):

1. _____

2. _____

19. Membership of any Professional Bodies: 1. _____

2. _____

20. Any other details: _____

21. No. of Certificates attached _____
(Please attach self-attested copies of certificates)

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

(ii) If Yes, give Details: _____

23. (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: _____

24. Languages known:

Language	Read	Speak	Write

25. 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: _____