



**HEAVY ENGINEERING CORPORATION LIMITED  
HQRS ADMINISTRATION AND PERSONNEL DIVN  
APPLICATION FOR EMPLOYMENT**

Annexure - I

Please paste a  
Recent Passport  
size Photograph  
duly signed by  
the candidate

**Advertisement No: RT/10/2019, dated 14/09/2019**

**Post Applied for : Technical Worker (Trade Name- \_\_\_\_\_)**

1. Name of the Candidate :
2. Date of Birth (DD/MM/YYYY) : Age as on 01.09.2019 (DD/MM/YYYY):
3. SC/ST/OBC (NCL)/EWS/Others :
4. Physically Handicapped (VH/OH/HH/MD) : Marital Status:
5. Ex-Serviceman? : YES / NO
6. Internal Candidate : YES/NO  
(If yes) : P. No/CPF No. - .....  
Designation - .....  
Plant - .....  
Shop - .....
7. Dependent of Deceased Employee : YES/No  
(If yes) : Name of Father / Mother - .....  
P.No - .....  
Place of Working - .....  
Date of death of deceased employee - .....
8. Hatia Displaced : YES / NO  
(If yes) : Name of Hatia displaced person - .....  
Case No. - .....  
File No. - .....
9. PSU Employee : YES / NO  
(If yes) : Name of the Company .....  
Address of the Company .....  
.....  
.....
10. Father's Name :
11. Mailing Address :
12. Contact Details Mobile No. : (i) (ii)  
Email ID :
13. Permanent Address :
14. Details of relationship with Employee of HEC, if any :
15. Educational/Professional Qualifications (Matriculation onwards)  
(Self attested degrees/diploma/mark-sheet/other certificate to be attached):

Sl	Qualification	Subject	Year of Passing	% Marks	University	Whether recognized

16. Details of Post qualification Experience/employment in chronological order: (Self attested copies of all relevant information stated below to be attached).

Name of the Employer	Post Held	Total Period (From – To) (dd/mm/yy to dd/mm/yy)	Part time/ Contract/ Regular/ Temp./ Ad-hoc	Nature of duties Performed	Scale of pay/ Total emoluments
TOTAL EXPERIENCE as on required date in (YY/MM/DD) format		_____			

17. Details of Training / Specialized Courses:  
(Self attested copies of all relevant information stated below to be attached).

Name of the Training / Specialized Courses	Total Period (From – To) (dd/mm/yy to dd/mm/yy)	Part time/ Full Time	Stipend, if any

18. Whether “NOC” enclosed (If employed in Govt./Semi Govt./PSU/Autonomous Body): Yes/No

19. Domicile (State & District) :.....

20. Visible Identification Marks:

- (i)
- ii)

21. Details of D.D (If Applicable): Bank ..... DD No ..... Dated.....

22. A brief write up on **significant contributions** made (if any) by the candidate in the past and present positions for his /her suitability for the post.

**DECLARATION:**

I do hereby declare that the facts and information given by me in the above application are true, complete and correct to the best of my knowledge and belief. In the event of any discrepancy in the particulars being detected at any stage, my candidature / service may be cancelled / terminated without any notice. I am attaching herewith self attested copies of all the relevant information such as for Sl. 2 to 5, & 15 to 17 above.

Date:

Full signature of the candidate