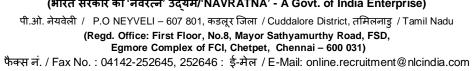
## नेयवेली लिग्नाइट कार्पोरेशन लिमिटेड

## **NEYVELI LIGNITE CORPORATION LIMITED**





V DDI	$I \cap A \perp I$	$\mathbf{O}$	FORM
APPL	.ICA I I	UIV	FURIN

Advt. No. : 04/2016  Post : JUNIOR RESIDENT FOR BARSINGS AR PROJECT						ı	Affix color passport size photograph				
		(Use Block Let	ters)								
1. Name in full:		(656 2166)(25)									
2. Father's Name:											
3. Mailing Address of the applica	ant										
Description	(a) Permanent				(b) Present						
House No, Street Name, Area / Locality, City/Town/Village, Taluk/ Mandal											
District											
State											
Pincode											
Nearest Railway Station						,					
Contact Number											
(c) email :4. Date of Birth	@	······································									
			D	D	M I	V Y	Υ	Y Y			
5. (a) Community		:	SC		ST	OBC	UF	₹			
(b) Sub-Caste (Attach docume in case of SC / ST / OBC)	entary evidence	: [		'	-		<u>'</u>				
6. If belonging to the following	Special categorie	es, details:									
Category	Yes / No	Details									
Ex-Serviceman											
Physically handicapped				es, nature of Handicap: OH / HH / VH							
7. Recognized Educational / Pr	ofessional Qualifi	cation(s)									
Name of the Course, Degree or Exam.		the Board / n / University		Dura	scribed ation of Course	Yea	ith & ir of sing	% c Mari		Class or Grad	

Name of the Employer (Last employment first). Give full address	Central Govt. / State Govt. / PSU / Quasi Govt. / PVT.	Period of Employment					
		From (DD/MM/YY)	To (DD/MM/YY)	Designation & Nature of duties		Scale of Pay	Reasons for Leaving
10. Languages known:							
Languages			Speak	R	ead	Wr	ite
(a) Mother Tongue							
(b) Other Languages:							
i) ii)							
11. Details of Training:				<u> </u>			
Institution in which training duration and year o		ith	Nature of Training	ı		Remarks	
adration and year c	or realiting						
I hereby declare t aware that furnishing of stage. I also undertake t change.	false / incom	plete informa	tion will result	t in loss o	of emp	loyment at	any
aware that furnishing of stage.  I also undertake t	false / incom	plete informa	tion will result	t in loss o	of emp	loyment at	any

: Registration No.

## Note:

- 1.

8. Medical Council Registration Number

If the space provided in any column is insufficient, separate sheets may be attached.

Mention exact dates wherever required

Photostat copies of certificates in support of the information provided should be enclosed along with this 2. 3. application form.