



MISHRA DHATU NIGAM LIMITED

(A Govt. of India Enterprise)

APPLICATION FOR THE POST OF _____

(ALL PARTICULARS ARE TO BE FILLED IN BLOCK/CAPITAL LETTERS ONLY)



1. SURNAME : _____

NAME : _____

2. ADDRESS : _____
(For correspondence)

STATE : _____ PIN : _____

3. PHONE NO. : A) _____ B) _____

4. FATHER'S NAME: _____

5. MOTHER'S NAME: _____

6. DATE OF BIRTH: DATE MONTH YEAR

(AS PER SSC/10TH CLASS CERTIFICATE)

7. AGE AS ON 03.05.2016: YEARS MONTHS

8. SEX : M/F ☐ 9. MARITAL STATUS: _____

10. NATIONALITY: _____ 11. RELIGION: _____

12. CATEGORY (MENTION ONLY SC / ST/ OBC/ GEN) : _____

IN CASE OF OBC, WHETHER BELONG TO NON CREAMY LAYER Y/N

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Contd..2..

13. STATE OF DOMICILE : _____

14. ARE YOU AN EX-SERVICEMAN (Y/N) :

IF YES, PLEASE MENTION THE BELOW MENTIONED DETAILS:

NAME OF THE ARMED FORCES UNIT	TRADE	DATE OF ENROLLMENT IN ARMED FORCES UNIT (ENCLOSE PROOF) (IN DD/MM/YYYY FORMAT)	DATE OF DISCHARGE (ENCLOSE PROOF) (IN DD/MM/YYYY FORMAT)	TOTAL YEARS OF SERVICE RENDERED	LAST RANK/ DESIGNATION HELD

15. ARE YOU A PERSON WITH DISABILITY- Y / N ; IF YES, THEN MENTION CATEGORY: VH/OH/HH

16. NEAREST RAILWAY STATION : _____

17. EDUCATIONAL QUALIFICATION :(ANY COURSE PRESENTLY CONTINUING IS ALSO TO BE INDICATED)

QUALIFICATION	NAME OF THE BOARD	NAME OF THE INSTITUTION/UNIVERSITY	YEAR OF PASSING	% OF MARKS

18. ARE YOU REGISTERED WITH EMPLOYMENT EXCHANGE : Y/N

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IF Y, THEN MENTION REGISTRATION NO.

STATE OF REGISTRATION

19. EXPERIENCE DETAILS (ENCLOSE ADDITIONAL SHEET IF REQUIRED)

NAME OF THE ORGANISATION	CENTRAL GOVT./ STATE GOVT./ PSU/PRIVATE	DESIGNATION	FROM	TO	GROSS SALARY (PER MONTH)

20. DETAILS OF DEMAND DRAFT/POSTAL ORDER:

NAME OF THE BANK/POST OFFICE	DD/PO. NUMBER	DD/PO. DATE	VALUE (RS.)

21. WHETHER YOU HAVE ANY RELATIVES IN MIDHANI Y/N ☐

IF Y, THEN MENTION HIS/HER NAME AND

RELATIONSHIP WITH YOU

NAME: _____

STAFF NO: _____

RELATIONSHIP: _____

22. Email ID _____

23. REFERENCE DETAILS WITH CONTACT NO.

1.

2.

DECLARATION

I do hereby certify that the above information furnished by me is correct to the best of my knowledge & belief and no information has been suppressed. In case any information is found to be incorrect or incomplete, my candidature shall be cancelled at any stage of selection or thereafter and I will have no claim for appointment in MIDHANI

PLACE:

DATE:

SIGNATURE OF THE APPLICANT

Note:

*Candidates are required to enclose self attested copies of certificates along with the application.

* Candidates belonging to SC/ST/PWD/Ex Servicemen category are not required to submit Demand Draft/ PO.