

APPLICATION FOR THE POST OF : **SCIENTIFIC OFFICER/C (MEDICAL- GENERAL DUTY)**

POST CODE : **11701**

ADVERTISEMENT NO. : **NFC/01/2017**

LAST DATE FOR RECEIPT OF APPLICATION : **12.01.2018**

FOR OFFICIAL USE ONLY: - SL. NO. _____ DATE OF RECEIPT: _____

RECENT PASSPORT SIZE PHOTO DULY SIGNED BY THE CANDIDATE

01. NAME OF THE APPLICANT IN FULL : _____
(IN BLOCK LETTERS AS PER SSC CERTIFICATE)

02. DATE OF BIRTH :
(AS PER SSC/ X STANDARD) (DATE) (MONTH) (YEAR)
Age as on _____
YEARS MONTHS DAYS

03. GENDER : MALE FEMALE

04. FATHER'S NAME : _____

05. MOTHER'S NAME : _____

06. NATIONALITY : _____

07. RELIGION : _____

08. COMMUNITY : UR OBC SC ST

SUB CASTE IN CASE OF OBC/SC/ST:

09. MARITAL STATUS : MARRIED UN-MARRIED

NAME OF SPOUSE, IF MARRIED: _____

10. HEIGHT : Cms WEIGHT : Kgs

11. DO YOU HAVE ANY PHYSICAL DISABILITY: YES NO

IF YES, TYPE OF DISABILITY: HH OH VH

PERCENTAGE OF DISABILITY:

12. MARKS OF IDENTIFICATION:

1. _____

2. _____

13. ARE YOU AN EX – SERVICEMAN?
 (IF YES, PL. ENCLOSE
 DISCHARGE CERTIFICATE)

YES

NO

14. LANGUAGES KNOWN:

LANGUAGE	READ	SPEAK	WRITE	DETAILS OF EXAM. PASSED

15. ADDRESS (IN BLOCK
 LETTERS)

i) FOR CORRESPONDENCE:
 (WITH PIN CODE)

PIN						
MOBILE NO:						
E-MAIL ID:						

ii) PERMANENT ADDRESS :
 (WITH PIN CODE)

PIN						
MOBILE NO:						
E-MAIL ID:						

16. EDUCATIONAL QUALIFICATIONS:

DETAILS MAY BE FURNISHED IN THE FORMAT INDICATED BELOW:
(TOTAL MAXIMUM MARKS AND PERCENTAGE OF MARKS TO BE FILLED IN CLEARLY WHERE EVER APPLICABLE)

EXAM PASSED	UNIVERSITY/ BOARD / INSTITUTION	YEAR OF PASSING	SUBJECTS	DETAILS OF MARKS			Class*
				TOTAL MARKS OBTAINED	MAX MARKS	% of MARKS	
SSC							
HSC							
MBBS							
OTHER QUALIFICATIONS (IF ANY) ↓							

* IF FINAL GRADING IS INDICATED IN ALPHABETS LIKE 'A', 'B', 'C', 'D' ETC., THE APPLICANT SHOULD INVARIABLY INDICATE THE EQUIVALENT PERCENTAGE OF MARKS DULY CERTIFIED BY AN AUTHORITY OF THE INSTITUTION/UNIVERSITY.

17. EXPERIENCE* (INCLUDING SERVICE IN DEFENCE)

DETAILS OF POST HELD	NATURE OF WORK DONE IN BRIEF	PERIOD		PAY	ORGANISATION NAME & ADDRESS	WHETHER TEMP/ PERMANENT	REASON FOR LEAVING
		FROM	TO				

(* NECESSARY DOCUMENTS TO BE ENCLOSED IN SUPPORT OF EXPERIENCE)

18. PREFERENCE OF CENTRE FOR SCREENING TEST: _____
(PLEASE SEE SELECTION PROCEDURE OF ADVT. FOR TEST CENTRE DETAILS)

19. IS THE APPLICANT UNDER ANY CONTRACTUAL OBLIGATION TO SERVE THE CENTRAL / STATE GOVT./ANY OTHER PUBLIC SECTOR UNDERTAKING? IF SO,PLEASE FURNISH FULL DETAILS: _____

20. IS THE APPLICANT IN RECEIPT OF ANY PENSION GRATUITY OR EMPLOYER'S SHARE OF CONTRIBUTORY PF FROM THE CENTRAL / STATE GOVT. OR ANY PUBLIC SECTOR UNDERTAKINGS? IF SO PLEASE FURNISH FULL DETAILS: _____

21. DETAILS OF RELATIVES EMPLOYED IN NFC OR ANY OTHER CONSTITUENT UNIT OF DEPARTMENT OF ATOMIC ENERGY:

SL. NO.	NAME OF RELATIVE	RELATION	UNIT	POST HELD

22. PLEASE **FURNISH REFERENCES** OF TWO PERSONS (NOT RELATIVES):

S.NO.	NAME	OCCUPATION	ADDRESS
01.			
02.			

23. HOBBIES/
EXTRA CURRICULAR ACTIVITIES (IF ANY) : _____

24. ANY OTHER INFORMATION THE APPLICANT WISHES TO PROVIDE IN SUPPORT OF HIS/HER APPLICATION : _____

25. LIST OF DOCUMENTS ENCLOSED:

26. I _____ S/O/D/O _____ DECLARE THAT ALL THE INFORMATION GIVEN ABOVE IS CORRECT AND I UNDERSTAND THAT FURNISHING FALSE INFORMATION IF DETECTED AT ANY TIME MAKES ME LIABLE FOR TERMINATION, IF APPOINTED. I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE ORGANISATIONS

PLACE : _____

DATE : _____

SIGNATURE OF THE CANDIDATE

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CHECKLIST (TO BE ATTACHED TO THE APPLICATION)

- | | | |
|-----|--|--------------------------|
| 01. | LATEST PHOTOGRAPH AFFIXED. (DULY SIGNED ACCROSS BY SELF) | <input type="checkbox"/> |
| 02. | APPLICATION IN PRESCRIBED FORMAT DULY SIGNED | <input type="checkbox"/> |
| 03. | ATTESTED COPIES OF CERTIFICATES ATTACHED : | <input type="checkbox"/> |
| A) | ATTESTED COPY OF CERTIFICATE IN SUPPORT OF DATE OF BIRTH | <input type="checkbox"/> |
| B) | ATTESTED COPIES OF ALL THE CERTIFICATES IN SUPPORT OF EDUCATIONAL QUALIFICATIONS STARTING FROM X STANDARD | <input type="checkbox"/> |
| C) | ATTESTED COPY OF PHYSICALLY CHALLENGED CERTIFICATE | <input type="checkbox"/> |
| D) | ATTESTED COPY OF CASTE CERTIFICATE (SC/ST/OBC) IN THE PRESCRIBED FORMAT (IF APPLICABLE) | <input type="checkbox"/> |
| E) | ATTESE TED COPY OF EXPERIENCE CERTIFICATE | <input type="checkbox"/> |
| F) | ATTESTED COPY OF DISCHARGE CERTIFICATE IN SUPPORT OF EX-SERVICEMEN | <input type="checkbox"/> |
| G) | DECLARATION OF INFORMING PRESENT EMPLOYER (OR) NO OBJECTION CERTIFICATE IN CASE APPLICANT WORKING UNDER CENTRAL/STATE GOVERNMENT , PUBLIC SECTOR UNDERTAKINGS, AUTONOMOUS BODIES | <input type="checkbox"/> |
| H) | ATTESTED COPY OF CERTIFICATE THAT THE APPLICANT HAS BEEN AFFECTED BY 1984 RIOTS. | <input type="checkbox"/> |
| I) | ATTESTED COPY OF CERTIFICATE REGARDING DOMICILE IN KASHMIR DIVISION | <input type="checkbox"/> |

SIGNATURE OF THE CANDIDATE WITH DATE _____

DECLARATION FOR CANDIDATES SERVING IN GOVERNMENT ORGANIZATIONS/PSUs

I, _____, S/OD/O _____,
HEREBY DECLARE THAT I HAVE INFORMED MY PRESENT EMPLOYER
VIZ., _____, ABOUT MY
APPLICATION FOR THE POST OF SCIENTIFIC OFFICER 'C' (MEDICAL) IN NFC AGAINST
ADVT. NO. NFC/01/2017.

SIGNATRURE WITH DATE

NAME IN FULL: _____