Annexure-I



HINDUSTAN AERONAUTICS LIMITED AIRCRAFT DIVISION, NASHIK

Please Affix a Self
Attested recent Passport
Size Photograph

Application for the post of	
Advt.No:	
(Please fill the Application Form in Capital Letters)	

- Please Furnish Full & Detailed information under each point and Enclose Xerox Copies of Certificates/testimonials in proof of the same.
- Suppression of any relevant information or incomplete information will entail disqualification for appointment

1	NAME in BLOCK LETTERS(As it appeared in SSLC/SSC Certificate)	
2	Gender	Male / Female
3	Father's Name	
4	Mother's Name	
5	Date of Birth (DD/MM/YYYY format)	/
Ü	Age as on 01.09.2022	Years Months Days
6	State of Domicile & Nationality	
7	Permanent Address	Address for Communication (All future Communication will be made on this Address Only)
	Dist: Pin:	Dist: Pin:
8	Nearest Railway Station	
9	Religion (Circle the religion)	Hindu / Muslim / Sikh / Christian / Neo Buddhist / Zoroastrian / Others
10	Were you domicile of J&K during the Period from 1.1.1980 to 31.12.1989? if so, please enclose the proof	YES/NO
11	Circle the Category (Enclose copy of the certificate in case of SC/ST/OBC)	SC / ST / OBC / GEN Caste: Sub Caste: Non-Creamy Layer: Yes/No

12	Are You a Person with Benchmark Disability? (Enclose copy of Certificate) (Circle the Appropriate)	YES / NO Disability %	o:		
13	Are You an Ex-Servicemen (Circle the Appropriate)	YES / NO			
	Have you been interviewed by HAL anytime earlier?	Yes / No. (if y Interview, ve			Post, Date of
14	(If yes, please give the details of the post for which you have been interviewed as also date/year/venue) If Yes: Post Interviewed:				
	Date of Interview: Venue of Interview:				
15	Are any of your close relatives working in HAL? If yes, provide details of Name, Designation, Division, etc.				
16	Phone / Mobile Number				
17	E-Mail ID				
18	Proficiency of Languages	Language Hindi English Marathi	Read	Write	Speak

19. Educational Qualifications:

Degree	Branch	University	Class / Divisi on	Total Marks Obtaine d	Total Marks of all semesters /years	Aggregate Percentage of Marks Obtained	Mode of Study	Year of Passing
					75000			

(Note: Please read the general conditions of the advertisement and give full & Complete Information. Use separate Sheets if required) $\frac{1}{2}$

20. Professional	Experience in	Chronological	order	(Starting from	Recent/Present	Experience)

			Nature of Duties (Elaborate on a Separate sheet if need be)	Duration			
Sl. No	Organization & Org. Type	Designation		From Date	To Date	No. of years / Months Completed	Gross pay & Reasons for leaving

(Note: Please read the Information. Use sepa	_		ent and give full &	Complete	
22. Total Experience	in No. of Years & M	onths: Year	s Months		
23. No. of years of Pos	st Professional Qua	lification Experien	ce		
24. Registration Num	ber: (MBBS)	(MS/MI	D/DNB)		
25. MCI License last 1	renewed:/	_/ 20(D	DD/MM/YYYY)		
26. Present Scale of P	Pay: Basi	c pay DA _	Gross Pay	<i></i>	
27. How soon you car	n join if selected? _				
28. Details of Demand	d Draft				
Name of Bank	DD Number	DD Date	Payable at	Value	
29. Pen picture of pa any (To be written / application) I hereby declare that	typed not exceed the above statemen	ling 200 words o ents are true and	on a separate she	et and enclosed st of my knowled	to the
belief. In the event, t liable to be terminated		•	r incorrect; my can	didature/appoint	ment is
Place:					
Date:			Signature of th	e Candidate	