

(A JOINT VENTURE OF GOVERNMENT OF INDIA AND GOVT OF DELHI)

ADVT. No. DMRC/PERS/19/HR/2019 (07)

ANNEXURE I

DMRC APPLICATION FORMAT

(TO BE FILLED IN CAPITAL LETTERS BY THE APPLICANT IN HIS/HER OWN HANDWRITING)

O N	(10 BE FILLED IN CAPITAL LETTERS BY THE APPLICANT IN HIS/HER OWN HANDWRITING)								
S.No.	DETAILS			PARTICULARS					
1 A	POST NAME			Consultant PA					
В	POST CODE			CPA 01					
C		LACE OF POSTING							
2		ME (Sh./Smt./Ms.)							
3	FATHER / HUSE	BAND NAME (Sh.)							
4	DATE OF BIRTI								
5	AGE as on 01/01/2019 (Min 58 years - Max 62 years)			YEARS MO		MON	NTHS DAYS		
6	CORRESPONDE	ENCE ADDRESS							
				STATE:]	PINC	ODE	:
7		IBER WITH STD							
0	CODE	ED							
8	MOBILE NUMB	EK							
9	EMAIL ID	VCT/ODC/CENEDAL)							
10	CATEGORY (SC/ST/OBC/GENERAL)								
11	EDUCATIONAL QUALIFICATIONS O No Institute / % or Passing						D		
	Qualification	Particulars	Sp	ecialization	Institute / University		1	or SPA	Passing Year
A	GRADUATION								
В	OTHER								
12	WORK EXPERIENCE (AS ON LAST DATE OF RECEIPT OF APPLICATION) (FILL ONLY THE APPLICABLE COLUMN)								
I	TOTAL EXPERIENCE			YEAI	RS MONTHS		HS	DAYS	
		DETAILS OF EXPERIENCE							
II	CURRENTLY EL SUPERANNUAT	MPLOYED /							
III A	CURRENT ORG employed)	ANIZATION (if curre	ntly						

шъ	LAST						
III B	ORGANIZATION	V 1 (T) () ()					
IV	DATE OF SUPERANNUATION (dd/mm/yyyy)						
V	FOR APPLICANT in <u>CDA</u> SCALE (Complete details of service / position held since joining) (separate sheet may be attached)						
V							
	Post Held	Organization Name	Pay Scale (CDA)	Period (From – To) dd/mm/yy – dd/mm/yy			
A							
В							
C							
D							
VI	FOR APPLICANT in <u>IDA</u> SCALE (Complete details of service / position held since joining) (separate sheet may be attached)						
	Post Held	Organization Name	Pay Scale (IDA)	Period (From – To) dd/mm/yy – dd/mm/yy			
A							
В							
C							
D							
VII	ESSENTIAL WORK EXPERIENCE						
	WORKING EXPERIENCE COMPUTER APPLICATION		YES / NO				
	OFFICE ETC.	HONS LIKE WIS	TES/NO				
VIII	BRIEF DESCRIPTION OF THE WORK EXPERIENCE (Separate sheet may be attached)						
			I				
13		PUNISHMENT WAS LICANT IN LAST 10	VF	S / NO			
13	YEARS	LICANI IN LASI IV	YES / NO				
	IF YES, DETAILS OF C	CASE					
14	WHETHER ANY ACTIO		YES / NO				
17	GOING ON AGAINST A	APPLICANT	IES/NO				
	IF YES, DETAILS OF I	NQUIRY					
15	NOC FROM CUR ENCLOSED (IF CURRE	RENT EMPLOYER ENTLY SERVING)	YE	S/NO			

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I hereby declare that the particulars furnished above are true. I if any information is found to be incorrect or false at any point in tir		that my	candidature	will be cancelled
Date:				
Place:				
	Name	:	Signati	ıre of Candidate

Mobile No. : Email ID:

Documents to be enclosed (whichever applicable)

- 1. Educational Certificates (Graduation, Post Graduation & Others)
- 2. Work Experience Certificate
- 3. NOC from Employer (In Case of Serving Employee)
- 4. APAR Last 5 years