STATEMENT OF DOCUMENTS ENCLOSED TO THE APPLICATION FORMAT

	Documents Enclosed	Status (tick the relevant column)			
		Yes	No	NA	
	of of Date of Birth (only SSLC/SSC/10th Standard Board Marks ed will be admitted as proof of age).				
Proc	of of Caste - SC/ST in the prescribed format.				
app	est OBC Certificate (Non-creamy layer) in the format as slicable for appointment to posts under Govt. of India to be duced.				
Min	nority declaration Certificate.				
Ex-S	Servicemen Certificate.				
	ome and Asset Certificate in the format as applicable for EWSs egory				
or M han	D certificate issued by the Competent Authority (Govt. Hospital Medical Board attached to Special Employment Exchange for the adicap) as per the "Persons with Disabilities [Equal opportunities, tection of right and full participation] Act, 1995".				
Qua	alification Certificates:				
SSL	C/SSC/10th Standard Board Marks Card.				
Inte	er/Diploma Marks Card (Semester-wise/Year-wise).				
Inte	er/Diploma Certificate.				
Deg	gree Marks Card (Semester-wise/Year-wise).				
Deg	gree Certificate.				
PG 1	Degree/Dip. Marks Card (Semester-wise/Year-wise).				
PG 1	Degree/Diploma Certificate.				
Oth	er Qualifications, if any (Pl. specify).				
Post	t-qualification Experience Certificate(s).				
Den	nand Draft for the prescribed amount.				

Note: The self-attested copies of the documents/certificates (Sl.No.1 to 9) should be enclosed to this format in the same order.

<u>Candidate to bring one set of photo copies of all marks cards along with original</u> for verification at the time of interview.



Registered Office: HMT Bhavan, # 59, Bellary Road, Bangalore – 560 032

Affix Passport size photo

(Please fill boxes in <u>BLOCK LETTERS ONLY</u>)

APPLICATION FOR THE				E POST OF:				Advt. Ref. No. & Date:					
1	Name Mr./ I	Ms					•						
2	S/o, D/o, W	//o											
З	Address for communication (With PIN Code)												
3.1	Telephone Nos. (with STD code)		Office					Residence.					
3.2	Mobile								·				
3.3	E-mail Ids	1											
		2											
4	Date of Bird (as per Matr SSLC/SSC certificate	ic./		DD	М	М	YY		Age (a date applica	of	YY	ММ	
5	Caste/Category		SC	ST	OBC	GEN	PH	MI	NORITY	EWS		ppropriate lumn)	
-	Qualification be enclosed)	(self	attes	ted X	erox o	opies	of all	ma	rks card	ls & de	gree certif	icates are to	
6	Exam passed	Yr of passir		- /		Course Duration		University/ Institution		Aggt. % Marks	Specialisa- tion		
6.1													
6.2													
6.3													
6.4													
6.5													
6.6													

	Post-qualification Experience: (self attested Xerox copies of experience certificates are to be enclosed). For experience details, separate sheet may be attached as Annexure)											
7	Organisa- tion name, Address &			Peri	Period (commencing from latest / present)						ıy & ale	
		Desig- nation		Fı	om	То		Duration		Company's Turnover	sasic Pay 8 pay Scale	
	e-mail			MM	YY	MM	YY	YY	MM	ე ⊏	Basic pay §	
7.1												
7.2												
7.3												
7.4												
7.5												
7.6												
TOTAL P.Q. EXPERIENCE												
8	_				tact details (other th							
0	Name designat		Address		Phone No./Mobile No.				Email ids			
8.1												
8.2												
	Details of re working in H											
9	Ltd. or its											
	Subsidiary Cos.		Date & DD N		Amount. (Rs.)				Bank Details			
10	Demand Dra details	aft	Date & DD N		AIIIO	runc. (r	(5.)	Dalik Details				
Original testimonials in respect of Sl. No. 4,5,6 & 7 must be produced at the time of interview												
Certified that the information furnished above are true to the best of my knowledge information & belief. If, at a later date, the information furnished above are found to be false or inaccurate, the Management is free to take appropriate action as per the extant rules.												
Plac Date					(9	Signat	ure o	of the	. Appli	icant)		