NATIONAL FILM DEVELOPMENT CORPORATION LIMITED

(A Government of India Enterprise)

6th Floor, Discovery of India Building, Nehru Centre, Dr. Annie Besant Road,
Worli, Mumbai-400 018.

APPLICATION FOR THE POST OF -

Annexure-I

A. PERSONAL DETAILS:

1.	Applicant's Name (Mr./Mrs./Ms.)		Affix your latest
2.	Father's / Husband's Name		Passport size
3.	Date of Birth		Photograph duly
	Age as on 01.07.2022		Self-attested across
4.	Gender		
5.	Category (UR/SC/ST/OBC/PWD)		
6.	Name of present Organization		
7.	Place of present posting		
8.	Present Designation		
9.	Present Pay (CTC)	Monthly:	Yearly:
	Holding present pay w.e.f		
10.	Present Address		
	Permanent Address		
	rei manent Address		
11.	Contact No. (with STD code)	Phone:	Mobile:
12.	E-mail ID		
13.	Aadhar No.		

B. EDUCATION DETAILS (In chronological order):

S.N.	Qualification	Name of Board / University/ Institute	Year of passing	Division / Grade /
			P8	Percentage

(Attach separate sheet, if required)

C. EXPERIENCE DETAILS (In chronological order):

S.N	Per	riod	Desig-	Organization	Place of	Responsibilities in brief
	From	То	nation		Posting	

(I	Attach	separate s	heet, if	required)
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F , 1 1 .		X 7
Total work experience	•	Years
I Otal Work experience	•	1 Cars

D. OTHER DETAILS:

1.	Whether any punishment awarded in last 10 years.	Yes / No
	If yes, please furnish details	
2.	Whether any disciplinary action / inquiry is contemplated against the applicant	Yes / No.
	If yes, please furnish details	
3.	Time required for joining, if selected	

E. REFERENCE OF TWO OFFICERS UNDER WHOM WORKING / WORKED PREVIOUSLY

S.N.	Name	Designation & Organization	Mobile No. & Email
1.			
2.			

F. CONFIRMATION: I do hereby confirm that I am fulfilling the following criteria:-

S.N.	Criteria	Fulfilling	Remarks (if any)
		Yes / No.	
1.	Age as on 31.07.2022		
2.	Qualification		
3.	Fulfilling total Experience criteria		
4.	Supporting documents attached		
5.	Seeking any relation		

I hereby declare that the particulars furnished above by me are true. I undertake that my candidature will be cancelled, if any information is found incorrect or false at any point of time.

Date:	(Signature of the candidate)
Place:	Name:
	Designation: