

HINDUSTAN AERONAUTICS LIMITED TRANSPORT AIRCRAFT DIVISION, KANPUR

APPLICATION FORMAT

Affix
your recent
self- attested
colour
photograph

PLI	colour					
AP	PLICATION FOR THE POST OF	photograph				
ADVT. NO. (WITH DATE)						
1.	NAME (IN BLOCK LETTERS):					
2.	GENDER (MALE/FEMALE):					
3.	FATHER'S NAME:					
4.	MOTHER'S NAME:					
5.	i. DATE OF BIRTH (DD/MM/YYYY) (ENCLOSE PROOF): ii. AGE AS ON 01/01/2023	i) ii)				
6.	STATE OF DOMICILE & NATIONALITY:		-			
	CONTACT/ MAILING ADDRESS	PERMANENT ADDRESS				
			••••••			
			•••••			
	DISTT	DISTT				
7.	STATE	STATE				
	PIN CODE	PIN CODE				
	PHONE NO. (WITH STD CODE)	PHONE NO. (WITH STD CODE	i)			
	MOBILE NO	MOBILE NO				
	E MAIL ID	E MAIL ID				
8.	RELIGION:					

9.	CIRCLE THE CATEGORY YOU BELONG TO:			:	SC/ ST/ OBC/ GEN				
					SQ SIJ OBC GEN				
	ARE ANY OF YOUR CLOSE RELATIVES WORKING IN HAL?				YES/NO				
10.	IF YES, PLEASE PROVIDE THE DETAILS OF								
	NAME:								
	DESIGNATION:								
			EWED BY HAL		YES/NO				
	ANY TIME EARLIER? IF YES, PLEASE GIVE THE DETAILS OF								
11.	POST INTERVIEWED:								
	DATE OF INTERVIEW: VENUE OF INTERVIEW:								
12.			NON A PROPE	2001031.71.75					
12.	QUALIFICAT	TION (EDUCAT	IONAL & PROFE	ESSIONAL) (E	NCLOSE PROOF):				
SPECIALIZATION. UNIVERSITY (FULL TIME)		DURATION OF THE COURSE	SUBJECTS/ SPECIFICATION	CLASS/ DIVISION & PERCENTAGE	MONTH & YEAR OF PASSING				
						TERCENTAGE	TASSING		
						TENCENTAGE	TASSING		
						TEXCENTINGE	TASSING		
						TEXCENTINGE	TASSING		
						TEXCENTIGE	TASSING		
						TEXCENTINGE	TASSING		
						TEXCENTIGE	TASSING		
						TEXCENTINGE	TASSING		

13.	PROFESSIONAL EXPERIENCE (IN YEARS) (ENCLOSE PROOF):								
SL. NO.	DESIGNATION & NATURE OF JOB/ RESPONSIBILITIES HANDLED ORGANIZATION (NAME & FULL ADDRESS)	ORGANIZATION	GOVT/ QUASI	WHETHER EMPLOYED ON PERMANENT/ PART TIME/	DATE (DD/MM/YYYY)		PAY SCALE	GROSS PAY	REASON FOR LEAVING
		GOVT/ PSU/PVT	CONTRACT BASIS? PLEASE SPECIFY	FROM	то				
			,						
14. E	Expected Remunerati	on per visit (in R	upees):				((Mandator	y to fill).
15. A	Any other additional	information you	like to sub	omit		•••••		•••••	
	TARATION				••••••				
I do belie the s	CLARATION: hereby declare that the first of the first th	pressed any factu g found false/in	ıal informa correct/inc	ition nor furnish complete, my ca	ied any i ndidatur	ncorrect re/Engag	information	n. In the e	vent of
P	Place:					s	ignature	of the C	andidate
Γ	Date:								