

11. Languages known	Speak	Read	Write
(a) Mother Tongue			
(b) Other Languages:			
i)			
ii)			
iii)			
iv)			

12. Details of Training:

Institution in which training was obtained with duration and year of Training	Nature of Training	Remarks

13. Marital Status (Please put mark) : Married / Single / Widower / Widow

14. Are you related to any employee of NLC ? : Yes / No
(Father, Mother, Sister, Brother or any relative)

If Yes, details of the related employee

Name			
Relationship			
CPF No.			
Status	Serving	Retired	Expired

15. Have you been a candidate for any other post in NLC before? If so, furnish details.

16. a) Have you ever been convicted / detained / prosecuted / arrested / bound down / debarred/ fined by Court of law? If so furnish details.

b) Is any case pending against you? If yes, give details.

17. Whether your spouse / children employed? If so, give details indicating the name & address of the employer.

18. Any other information including extra curricular activities (NSS, NCC, Sports, Cultural and Literary) etc.

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19. References: Please furnish below names of two persons not related to you, to whom reference could be made regarding your character and antecedents.

i) Name	_____	ii) Name	_____
Position	_____	Position	_____
Address	_____	Address	_____
	_____		_____
Tel. No.		Tel. No.	
Telex / Fax		Telex/Fax.	

I hereby declare that all the above information furnished by me are true and complete. I am aware that furnishing of false / incomplete information will result in loss of employment at any stage.

I also undertake to notify any changes in the information furnished within 7 days of such change.

Place:

Date:

Signature of the applicant

List of Enclosures

(Indicate the copies of documents enclosed by putting tick (✓) in the appropriate box)

- | | |
|--|--------------------------|
| 1 Copy of Community Certificate (in case of SC/ST/OBC candidates) | <input type="checkbox"/> |
| 2 Evidence for Date of Birth | <input type="checkbox"/> |
| 3 Copies of Testimonials for the qualifications | <input type="checkbox"/> |
| 4 Copy of Medical Registration certificate | <input type="checkbox"/> |
| 5 Copies of Experience Certificate (in support of information furnished vide Column 8) | <input type="checkbox"/> |
| 6 Proof for being an Ex-Servicemen | <input type="checkbox"/> |
| 7 Demand Draft No towards application fee | <input type="checkbox"/> |
| 8 Copy of Physical Disability Certificate | <input type="checkbox"/> |

Note:

- If the space provided in any column is insufficient, separate sheets may be attached.*
- Mention exact dates wherever required*
- Photostat copies of certificates in support of the information provided should be enclosed along with this application form.*