



नेयवेली लिग्नाइट कार्पोरेशन लिमिटेड

NEYVELI LIGNITE CORPORATION LIMITED

(भारत सरकार का 'नवरत्न' उद्यम/'NAVRATNA' - A Govt. of India Enterprise)

पी.ओ. नेयवेली P.O NEYVELI - 607 801, कडलूरजिला/Cuddalore District, तमिलनाडु/Tamil Nadu

(Regd. Office: 135, Periyar High Road, Kilpauk, Chennai - 600 010)

फैक्सनं./Fax No. : 04142-252645, 252646 ई-मेल/E-Mail: online.recruitment@nclindia.com

Affix color
passport size
photograph

APPLICATION FORM

Advt. No. : 10/2015

Post : LAB TECHNICIAN RADIOGRAPHER
(X - Ray Technician)
 DIALYSIS TECHNICIAN PHYSIOTHERAPIST (Female)

(Use Block Letters)

1. Name in full:

2. Father's Name:

3. Mailing Address of the applicant

Description	(a) Permanent	(b) Present
House No, Street Name, Area / Locality, City/Town/Village, Taluk/ Mandal		
District		
State		
Pincode	<input type="text"/>	<input type="text"/>
Nearest Railway Station		
Contact Number		

(c) email : @

4. Date of Birth :
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5. (a) Community : SC ST OBC UR

(b) Sub-Caste (Attach documentary evidence in case of SC / ST / OBC) :

6. If belonging to the following Special categories, details:

Category	Yes / No	Details
Ex-Serviceman		
Physically handicapped		If yes, nature of Handicap : OH / HH / VH

7. Recognized Educational / Professional Qualification(s)

Name of the Course, Degree or Exam.	Name of the Board / Institution / University	Prescribed Duration of the Course	Month & Year of Passing	% of Marks	Class or Grade

8. Statutory Registration Number : Registration No. -
 (Wherever applicable) Date of Registration -
 Place of Registration -

9. Details of Experience (if any)

Name of the Employer (Last employment first). Give full address	Central Govt. / State Govt. / PSU / Quasi Govt. / PVT.	Period of Employment		Designation & Nature of duties	Scale of Pay	Reasons for Leaving
		From (DD/MM/YY)	To (DD/MM/YY)			

10. Date of Retirement:

11. Languages known:

Languages	Speak	Read	Write
(a) Mother Tongue			
(b) Other Languages:			
i)			
ii)			

12. Details of Training:

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

I hereby declare that all the above information furnished by me is 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

Note:

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