



NEELACHAL ISPAT NIGAM LIMITED

APPLICATION FORM

Affix your recent
passport size
photograph
duly signed

Advertisement No. **08/2013/NINL**

Post Code _____ Post _____

1. Name

2. Date of Birth

3. Whether belong to SC, ST, OBC

4. Educational & Professional Qualification

Qualification	Board/University/Institute	Subjects/ Specialization	Division/ % of Marks	Year of passing

5. Details of work experience

Name of the Organization (Full name with address)	Position / Designation	Period		Total Salary Drawn	Nature of duties & responsibilities (Give details)
		From	To		

6. Achievements, if any. _____

7. Present address for Communication

City

State PIN

8. Contact Telephone No. with STD code, Mobile number and E-mail address (retain the mobile no. & email address at least for 1 year)

Mobile

E-mail

9 PF Membership Details

Membership No.:

Date of joining PF:

DECLARATION

I hereby declare that the particulars furnished above are true, correct and genuine to the best of knowledge and belief and I have not willfully suppressed any material information germane to my selection / appointment in NINL. In the event, it is found that information not correct, my selection/ appointment may be terminated at any stage and I shall not raise any issue on the documents.

Place: _____

Date: _____

(Signature of Applicant)