



**D. ACADEMIC PERFORMANCE**

**1. Basic Qualification : Start from Matriculation/Higher Secondary**

Exam Passed	Institution/ University/ Board	Subject of Study	Duration of Study	Month/Year of Passing (MMYYYY)	Aggregate % of Marks/ CGPA(*)	Full Time/Part Time/Correspondence
<b>2. Professional Qualification</b> (Please mention qualification which makes you eligible)						
<b>3. Additional Qualification</b> (if any)						

(\*if it is Cumulative Grade Point Average (CGPA), please convert it to % of Marks)

**E. Category**  (GEN/SC/ST/OBC/EX-SM)

Are you physically handicapped? (Yes/No)

If yes please mention the details as follows:

Type of handicap (please put (√) in appropriate box)

VH	HH	OH
<input type="text"/>	<input type="text"/>	<input type="text"/>

Extent of disability as specified in the disability certificate

Do you belong to Minority? (Yes/No)

**F. Religion**

**G. Details of Experience** (if any)

Name of Organisation	Designation	Scale of Pay	Duration		Regular/Contract/ daily wage	Nature of Duties	Reason for leaving
			From (MM/YYYY)	To (MM/YYYY)			

**Post Qualification Experience:** Years  Months

**Total Gross Emoluments**

**H. For Departmental Candidates (THDCIL Regular Employees) Only**

- (i) Employee No.
- (ii) Date of Joining THDCIL
- (iii) Position held as on date
- (iv) Date of Joining in Present Grade
- (v) Whether Disciplinary Proceeding pending/contemplated, if any **YES/NO**

If yes, give details:

**I. Languages known**

Read	Write	Speak

**J. Other Information**

Whether under any Service Bond YES  NO

- If yes give details \_\_\_\_\_
- Details of Outstanding Loan (if any) \_\_\_\_\_
- Participation in Sports/Games (if any) \_\_\_\_\_
- National /State/College Level \_\_\_\_\_
- Extra-curricular activities \_\_\_\_\_
- Details of Awards (if any) \_\_\_\_\_

**Declaration:**

I affirm that the information given in this application is true and correct to the best of my knowledge and belief. I further undertake that if at any stage it is discovered that an attempt has been made by me, willfully to conceal or misrepresent the facts, my candidature /appointment shall be summarily rejected or terminated without any notice.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

Place: \_\_\_\_\_ Name \_\_\_\_\_