

Chief General Manager (HR Acquisitions) HR Acquisitions Department, FHQ <u>Oil India Limited</u>

APPLICATION FORMAT

1.	Post applied for	please affix			
2.	Post code	your recent passport size			
3.	Name in full (in capital letters)	A) First name photograph			
		B) Middle name			
		C) Surname			
4.	Gender (please tick)	Male Female			
5.	Date of birth (dd/mm/yyyy)	//			
6.	Father's name				
7.	Mother's name				
8.	Pan No.				
9.	Nationality				
10.	Marital status				
11.	Caste/EWS, As applicable Category (please tick)	A) GEN SC ST OBC(NCL) EWS			
		B) SC/ST/OBC (NCL)/EWS Certificate No DATE:			
	I. Whether persons with benchmark disabilities (PwBD) (please tick)	Yes No Sectificate no. Section			
12.	II. If yes, please state the category of persons with disabilities (PwBD)	III. Percentage of disability (%): (as per advertisement, post identified suiPara for PwBD for following: a) HH c) OL, BL, CP, LC, Dw, AAV d) MD involving (a) to (c), as mentioned hereinabove)			

	I. Whether ex- serviceman (please tick)	Yes No				
13.	II. If yes, following details	Date of Enrollment in Defence	Date of Discharge from Defence	Name of Zila Sainik Welfare Office	Registration No.	Date of Renewal
14.	Educational qualification (as applicable)		College/ Institution/ University	Specialization Discipline	/ Year of passing	Percentage of marks obtained/ CGPA/division
	Graduation					
	Post-graduation					
	Others (if any)					
	Any other academic details					
	Member of professional bodies					
	Experience,	Name & address	Position/ Designation &	Period of Service	Nature of	Place of posting
15.						

16.	Permanent address (in block letters)	Name – C/O. (If any) –	
		Village /Town / Place –	
		P.O. –	P.S. –
		District –	State –
		PIN –	
	Present mailing address/correspondence address (in block letters)	Name –	
		C/O. (If any) –	
17.		Village /Town / Place – P.O. – District – PIN –	P.S. – State –
		PIIN -	
18.	Valid e-mail address		
19.	Valid mobile no.		

DECLARATION

I hereby declare and certify that the particulars furnished in the application form hereinabove are true, correct and complete in all respects to the best of my knowledge and nothing has been concealed. In case any information provided by me is found to be incorrect, false, and misleading at any stage/time, I shall be fully responsible for the same and have no objection against the cancellation of my candidature without informing me. I shall have no claim against cancellation of my candidature or for appointment to the post and/or for any legal action against me, as deemed fit by OIL.

Date: _____

Name: _____

Place: _____

Signature of the applicant:

Please enclose copy of following documents along with the application:

- 1. Self-Attested Copy of Certificate for Proof of Date of Birth in the Govt. prescribed format.
- 2. Self-Attested Copy of Certificate(s) for Proof of Relevant Work Experience.
- 3. Self-Attested Copy of Certificate(s) for Proof of Requisite Educational Qualification.
- 4. Self-Attested Copy of Certificate for Proof of Caste Category [SC/ST/OBC(NCL]) in the Govt. prescribed format, as applicable.
- 5. Self-Attested Copy of Certificate for Proof of Disability in the Govt. prescribed format/Certificate for Persons with Benchmark Disabilities (PWBD) in the Govt. prescribed format, as applicable.
- 6. Self-Attested Copy of Certificate for Proof of EWS certificate/Ex-Servicemen certificate etc. in the Govt. prescribed format, as applicable.

Application in any other format will be rejected.