

APPLICATION FOR THE POST OF SCIENTIFIC OFFICER / C (GENERAL DUTY MEDICAL OFFICER) – OBC CATEGORY, INTENDED FOR NFC, HYDERABAD

POST CODE : 32202

ADVERTISEMENT NO. : **NFC/03/2022**

LAST DATE FOR RECEIPT OF APPLICATION : **14/10/2022**

FOR OFFICIAL USE ONLY: -
SL. NO. _____
DATE OF RECEIPT: _____

RECENT
PASSPORT SIZE
PHOTO DULY
SIGNED BY THE
CANDIDATE

01. NAME OF THE APPLICANT IN FULL :
(IN BLOCK LETTERS AS PER SSC (X STANDARD) CERTIFICATE)

02. DATE OF BIRTH :
(AS PER SSC/ X STANDARD) (DATE) (MONTH) (YEAR)
Age as on 14/10/2022
YEARS MONTHS DAYS

03. GENDER : MALE FEMALE OTHERS

04. FATHER'S NAME : _____

05. MOTHER'S NAME : _____

06. NATIONALITY : _____

07. RELIGION : _____

08. COMMUNITY : OBC

SUB CASTE :

09. MARITAL STATUS : MARRIED UN-MARRIED

NAME OF SPOUSE, IF MARRIED: _____

10. HEIGHT : Cms WEIGHT : Kgs

11. DO YOU HAVE ANY PHYSICAL DISABILITY: YES NO

IF YES, TYPE OF DISABILITY:

PERCENTAGE OF DISABILITY:

12. MARKS OF IDENTIFICATION:

1. _____

2. _____

13. ARE YOU AN EX – SERVICEMAN? YES NO
(IF YES, PL. ENCLOSE DISCHARGE CERTIFICATE)

14. LANGUAGES KNOWN:

LANGUAGE	READ	SPEAK	WRITE	DETAILS OF EXAM. PASSED (if any)

15. ADDRESS (IN BLOCK LETTERS)

i) FOR CORRESPONDENCE:
(WITH PIN CODE)

PIN						
MOBILE NO:						
E-MAIL ID:						

ii) PERMANENT ADDRESS :
(WITH PIN CODE)

PIN						
MOBILE NO:						
E-MAIL ID:						

16. EDUCATIONAL QUALIFICATIONS:

DETAILS MAY BE FURNISHED IN THE FORMAT INDICATED BELOW:
(TOTAL MAXIMUM MARKS AND PERCENTAGE OF MARKS TO BE FILLED IN CLEARLY WHERE EVER APPLICABLE)

EXAM PASSED	UNIVERSITY/ BOARD / INSTITUTION	YEAR OF PASSING	SUBJECTS	DETAILS OF MARKS			Class
				TOTAL MARKS OBTAINED	MAX MARKS	% of MARKS/ GRADE	
SSC							
HSC							
MBBS							
Other qualifications (if any) ↓							

NOTE: WHEREEVER THE MARKS ARE INDICATED EITHER AS 'GRADE' / 'CGPA', CANDIDATES ARE REQUIRED TO INVARIABLY INDICATE THE EQUIVALENT PERCENTAGE OF MARKS DULY SUPPORTED BY A CERTIFICATE ISSUED BY AN AUTHORITY OF THE INSTITUTION / UNIVERSITY.

17. EXPERIENCE * (INCLUDING SERVICE IN DEFENCE)

DETAILS OF POST HELD	NATURE OF WORK DONE IN BRIEF	PERIOD		PAY	ORGANISATION NAME & ADDRESS	IF IN GOVERNMENT SERVICE, WHETHER TEMP/ PERMANENT	REASON FOR LEAVING
		FROM	TO				

(* NECESSARY DOCUMENTS TO BE ENCLOSED IN SUPPORT OF EXPERIENCE)

18. IS THE APPLICANT UNDER ANY CONTRACTUAL OBLIGATION TO SERVE THE CENTRAL / STATE GOVT./ANY OTHER PUBLIC SECTOR UNDERTAKING? IF SO,PLEASE FURNISH FULL DETAILS: _____

19. IS THE APPLICANT IN RECEIPT OF ANY PENSION GRATUITY OR EMPLOYER'S SHARE OF CONTRIBUTORY PF FROM THE CENTRAL / STATE GOVT. OR ANY PUBLIC SECTOR UNDERTAKINGS? IF SO PLEASE FURNISH FULL DETAILS: _____

20. DETAILS OF RELATIVES EMPLOYED IN NFC OR ANY OTHER CONSTITUENT UNIT OF DEPARTMENT OF ATOMIC ENERGY:

SL. NO.	NAME OF RELATIVE	RELATION	UNIT	POST HELD

21. PLEASE **FURNISH REFERENCES** OF TWO PERSONS (NOT RELATIVES):

S.NO.	NAME	OCCUPATION	ADDRESS WITH CONTACT DETAILS
01.			
02.			

22. HOBBIES/
EXTRA CURRICULAR ACTIVITIES (IF ANY) : _____

23. ANY OTHER INFORMATION THE APPLICANT WISHES TO PROVIDE IN SUPPORT OF HIS/HER APPLICATION : _____

24. APPLICATION FEE DETAILS (IF APPLICABLE):

RECEIPT NO. : _____

RECEIPT DATE: _____

25. LIST OF DOCUMENTS ENCLOSED:

26. I _____ S/O/D/O _____ DECLARE THAT ALL THE INFORMATION GIVEN ABOVE IS CORRECT AND I UNDERSTAND THAT FURNISHING FALSE INFORMATION IF DETECTED AT ANY TIME MAKES ME LIABLE FOR TERMINATION, IF APPOINTED. I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE ORGANISATION.

PLACE : _____

DATE : _____

SIGNATURE OF THE CANDIDATE

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CHECKLIST (TO BE ATTACHED TO THE APPLICATION)
PLEASE CHECK IN THE RELEVANT BOX (√)

- | | | |
|-----|---|--------------------------|
| 01. | LATEST COLOUR PHOTOGRAPH AFFIXED.
(DULY SIGNED ACCROSS BY SELF) | <input type="checkbox"/> |
| 02. | APPLICATION IN PRESCRIBED FORMAT DULY SIGNED | <input type="checkbox"/> |
| 03. | ATTESTED COPIES OF CERTIFICATES ATTACHED : | <input type="checkbox"/> |
| | A) ATTESTED COPY OF CERTIFICATE IN SUPPORT OF DATE OF BIRTH | <input type="checkbox"/> |
| | B) ATTESTED COPIES OF ALL THE CERTIFICATES IN SUPPORT OF
EDUCATIONAL QUALIFICATIONS STARTING FROM SSC/X STANDARD | <input type="checkbox"/> |
| | C) ATTESTED COPY OF CASTE CERTIFICATE (OBC) IN THE
PRESCRIBED FORMAT | <input type="checkbox"/> |
| | D) ATTESETED COPY OF EXPERIENCE CERTIFICATE | <input type="checkbox"/> |
| | E) ATTESTED COPY OF DISCHARGE CERTIFICATE IN SUPPORT OF EX-
SERVICEMEN (IF APPLICABLE) | <input type="checkbox"/> |
| | F) DECLARATION OF INFORMING PRESENT EMPLOYER (OR)
NO OBJECTION CERTIFICATE IN CASE APPLICANT WORKING UNDER
CENTRAL/STATE GOVERNMENT, PUBLIC SECTOR UNDERTAKINGS,
AUTONOMOUS BODIES, ETC. | <input type="checkbox"/> |
| | G) ATTESTED COPY OF CERTIFICATE FOR CLAIMING AGE RELAXATION
ADMISSIBLE FOR PERSONS AFFECTED BY 1984 RIOTS. | <input type="checkbox"/> |
| | H) RECEIPT OF PAYMENT OF APPLICATION FEE (IF APPLICABLE) | <input type="checkbox"/> |

SIGNATURE OF THE CANDIDATE WITH DATE _____

DECLARATION FOR CANDIDATES SERVING IN GOVERNMENT ORGANIZATIONS/PSUs

I, _____, S/OD/O _____,
HEREBY DECLARE THAT I HAVE INFORMED MY PRESENT EMPLOYER
VIZ., _____, ABOUT MY
APPLICATION FOR THE POST OF SCIENTIFIC OFFICER / C (GENERAL DUTY MEDICAL
OFFICER) IN NFC AGAINST ADVT. NO. NFC/03/2022.

SIGNATRURE WITH DATE

NAME IN FULL: _____