



ऑयल इंडिया लिमिटेड  
(भारत सरकार का उद्यम)  
**Oil India Limited**  
(A Government of India Enterprise)

*Conquering Newer Horizons*

Chief General Manager (HR Acquisitions)  
HR Acquisitions Department, FHQ  
Oil India Limited

**APPLICATION FORMAT**

1.	POST APPLIED FOR	GENERAL MANAGER (LEGAL)		Please affix your recent passport size photograph
2.	POST CODE	LE 01		
3.	NAME IN FULL (IN CAPITAL LETTERS)	a) FIRST NAME		
		b) MIDDLE NAME		
		c) SURNAME		
4.	GENDER (PLEASE TICK)	<input type="checkbox"/> MALE <input type="checkbox"/> 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 <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC(NCL) <input type="checkbox"/> EWS <input type="checkbox"/>	
		b)	SC/ST/OBC (NCL)/EWS CERTIFICATE NO. _____ DATE: _____	
12.	I. WHETHER PERSONS WITH BENCHMARK DISABILITIES (PwBD) (PLEASE TICK)	YES <input type="checkbox"/> NO <input type="checkbox"/>  IF YES, PwBD CERTIFICATE NO. _____  DATE: _____		
	II. IF YES, PLEASE STATE THE CATEGORY OF PERSONS WITH DISABILITIES (PWD) *	(As per advertisement, post identified suitable for PwBD for following:  a) LV; b) HH; c) OA, OL, OAL, LC, Dw, AAV; d) SLD; e) MD involving (a) to (d), as mentioned hereinabove)		III. PERCENTAGE OF DISABILITY (%):  _____ %

13.	I. WHETHER EX-SERVICEMAN (PLEASE TICK)		YES <input type="checkbox"/> NO <input type="checkbox"/>				
	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						
15.	EXPERIENCE, IF ANY	NAME & ADDRESS OF ORGANIZATION	POSTION/ DESIGNATION & GRADE HELD	PERIOD OF SERVICE		NATURE OF DUTIES	PLACE OF POSTING
				FROM	TO		

16.	<b>PERMANENT ADDRESS (IN BLOCK LETTERS)</b>	NAME – C/O. (IF ANY) –  VILLAGE /TOWN / PLACE –  P.O. – P.S. – DIST. – STATE –  PIN –
17.	<b>PRESENT MAILING /CORRESPONDENCE ADDRESS (IN BLOCK LETTERS)</b>	NAME – C/O. (IF ANY) –  VILLAGE /TOWN / PLACE –  P.O. – P.S. – DIST. – STATE –  PIN –
18.	<b>VALID E-MAIL ADDRESS</b>	
19.	<b>VALID MOBILE NO.</b>	

### **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.

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