# IRCON INTERNATIONAL LIMITED

		t for the post of Wor								
1.	Name in full (In Bloc	k letters) :								
2.	Father's Name :						Affix self-attested			
3.	Date of Birth (DD-MI	Date of Birth (DD-MM-YY) :						Passp	ort size	
4.	Community (SC/ST/OBC/EWS/Gen):							Pho	tograph	
5.	Religion	:								
6.		Marital Status -Married/Unmarried (If Married, mention Spouse Name):								
7.	Whether any of your Relative is working/worked in Ircon- Yes/No If Yes, please provide following details:									
	Name			De	esignatio	n				
	Place of Posting	Place of Posting				Relationship				
	Nature of Employmer	nt: Regular/Contractual,	/Service C	ontract/D	eputatio	n/Tenure	(please	e tick).		
8.	Whether belong to M	linority : Yes / No	l							
9.	Last/Present Organi	zation :								
	(Please tick)	Govt. (Central/State			Auto. Bo	odies C	thers			
10.										
	Correspondence Address			Permanent Address						
	State	Pin		State Pin			n			
11.	Contact Number with									
12.	E-Mail Address									
13.	Qualifications (Acad	emic & Professional):								
	Exam Passed	Year of Passing			e of the Inst./ Jniversity		s ed	Max. marks	%age of marks	

#### 14. Work Experience as on 01-05-2024

Please give the detailed experience. Attach copy of **Experience Certificate(s)** or acceptable **proof of joining & relieving** in support of experience.

Post held with	Name of the		PERIOD		
scale of pay or gross emoluments	Employer (Give the name of Organisation/ Company)	From Date DD/MM/YY	To Date DD/MM/YY	Total Duration (in Yrs. & Months)	Name of the Project(s) on which worked and nature of experience

Total Experience = \_\_\_\_ Years \_\_\_\_ Months \_\_\_\_\_ Days

Signature of the Candidate (Name of Candidate)

#### **Declaration**

I declare that the information furnished above by me is true to the best of my knowledge and belief and that nothing material has been concealed.

Place : \_\_\_\_\_ Date : \_\_\_\_\_

Signature of the Candidate

#### Annexure-A

### **OBC CERTIFICATE FORMAT**

## FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POST UNDER THE GOVERNMENT OF INDIA

This is to certify that Shri/Smt./Kumari		son/daughter of
	of Village/Town	in District/ Division
in	the State/ Union Territory	belongs to the
co	mmunity which is recognised as a B	Backward Class under the Government of
India, Ministry of Social Justice and En	npowerment's Resolution No	
Dated*.		
Shri/Smt./Kum.*	a	nd/or his/her family ordinarily reside(s) in
theD	istrict/Division of the	State/Union
column 3 (of the Schedule to the Gove	rnment of India, Department of Per fied vide Government of India, I	ns/sections (Creamy layer) mentioned in rsonnel & Training OM No. 36012/22/93- Department of Personnel and Training
Date:		DISTRICT MAGISTRATE / DY. COMMISSIONER ETC.
(Seal)		
* The authority issuing the certificate in which the caste of the candidate as		of Resolution of Government of India,
** As amended from time to time.		
Note: The term "Ordinarily" used her the People Act, 1950.	e will have the same meaning as	in Section 20 of the Representation of