

MECON LIMITED (A GOVERNMENT OF INDIA ENTERPRISE) RANCHI – 834002, JHARKHAND

APPLICATION FORM

Affix recent colored passport size self-attested photograph

Advertisement No: 11.73.4.1/2025/Cont/01 dated: 15.05.2025

1	POST APPLIED FOR											
2	(As appearing in mat	n certifica	ite)									
3	FATHER'S NAME											
4	SPOUSE'S NAME											
5	GENDER (Put a tick mark)	Male	Female	Oth	ners	Marital Status (Put a tick ma			Married / Unmarried / Othe (Please specify if Others)		•	
		D	D	М	М	Υ	Y	Y	Υ	NATIONALITY		
6	DATE OF BIRTH											
7	Age (As on prescribed date in advertisement)		Year				Months		Days			
8	CATEGORY (Put a tick mark)	Gene ral	SC	ST	Crea	OBC (Non- Creamy EWS (Attach docume Layer)				mentary ev	vidence)	
9	Whether Person with Disability (Put a tick mark)	Yes	No	·		If Yes, State the nature of Disability /HH/Others)(Attach documentary evidence) ability						
10	Whether Ex Servicemen (Put a tick mark)	Yes	No		missioned n Army	If Yes, indicate the following Short Service Commissioned Service/Emergency Commissioned Officer Army Indian Navy Indian Air Others (please specify)				ed		

11			ACADEMIC A	AND	PROFESSIO	NAL QU	ALIFICATIO	ONS (Star	ting from Matric	ulatior	n)
Exa	Name of Examination passed		Whether full time / part time/ correspondence		uration of ne course	Name of the Board/ University		Date	e of passing *	Grade# / % marks & Class/Division	
which (CG	chever is PA/OGPA	s ec	ırlier will be	co are	nsidered o awarded	as the instead	date c I of mark	of passir	ng the exami	ination	tificate/ degree, n.#1 If Grades arly indicate its
12	MENTION	N DET	AILS OF WORK EX	XPE	RIENCEAS A	PPLICAB	BLE (IN CHI	RONOLO	GICAL ORDER)		
_	Name & ado		Post hald		From	Period To To Years		tal Months	Job description	on in	Pay Scale/ Salary drawn consolidated pay per month
Note		atta	ch self-attested	СО	py of expe	rience (certificate	of each	n employer alor	ng with	n proof of salary
13	Driving L	icens	e Number								
14	Issuing A	Autho	rity								
15	15 Valid Upto										

16		ever been Arrested Convicted in		If Yes, c	details of se.						
17	ADDRESS	(Please give full po	ostal address with	h postal į	oin no.)						
	FAX NO.	DRESS, CONTACT N & E-MAIL OF PRESI DYER, IF EMPLOYED	ENT	PRESENT ADDRESS OF THE CANDIDATE			PERMANENT ADDRESS OF THE CANDIDATE				
MOE	BILE NO. OF	CANDIDATE			E-MAIL O	F CAND	IDATE				
			DETAILS OF AF	PLICATIO	ON FEES, IF	APPLICA	ABLE				
DE		Cheque No.		AMOUNT			NAME OF BANK				
as ab from fit by Place	bove is four the service the Manage	nd to be false or in es of MECON Limite gement.	n-correct or supp	ressed a	t any stage	e, I unde	erstand that I am	in case any information I liable to be terminated inary action as deemed			
Date	:						(Signature	of the Applicant)			
			F	or Office	Use Only						
	e of Birth erified Educational Certificate(s) checked			ork Experience verified S			ST/OBC/ EWS I/Ex portsperson) rified, if any	Remarks			
Nar	me:		Designatio	on:		(Signature of V	erifying officer)			
Nai	me:		Designatio	on:		(Signature of V	erifying officer)			