MECON LIMITED

(A GOVERNMENT OF INDIA ENTERPRISE)
RANCHI - 834002, JHARKHAND

APPLICATION FORM

Affix recent colored passport size self-attested photograph

Advertisement No : Adv. No. : 05.73.1/2025/Cont/01 dated: 06.09.2025

1	**POST APPLIED FOR**						
2	**NAME (IN CAPITAL)** *(As appearing in matriculation certificate)*						
3	**FATHER'S NAME** *(As appearing in matriculation certificate)*			**SPOUSE'S NAME**			
4	**GENDER**			**Marital Status**			
5	**PAN NO**			**AADHAAR NO**			
6	**DATE OF BIRTH**			**NATIONALITY**			
7	**Age** *(As on Prescribed Date in advertisement)*		Year(s)		Month(s)		Day(s)
8a	**CATEGORY OF CANDIDATE**			*(Attach Documentary Evidence)*			
8b	**CATEGORY APPLIED FOR**			*(Attach Documentary Evidence)*			
9	**Whether Person with Disability**		**(OH/VH/HH/ID)** % of disability			*(Attach Documentary Evidence)*	
10	Whether Ex Servicemen			**COMMISSIONED OFFICER**			
11	Whether currently an Employee of MECON Limited			**Employee ID**			
12	**Whether Meritorious Sportsperson** *(Put a tick mark)*			Yes		No	
	If Yes, whether represented in the following ((Put a tick mark)						
	International competition / sports	National competition / sports	Inter University competition / sports	State School Teams in National Sports by All India School Games Federation	Awarded National Awards in Physical Efficiency under National Physical Efficiency Drive.		
13	Whether Domiciled in the State of Jammu & Kashmir during the period 01.01.1989 to 31.12.1989						

14	**Academic Qualification**

	Exam. Type	**Main subject**	**Course Type**	**Course Duration(Years)**	**Institution / College Name**	**Board / University**	**Date of Passing**	**Marks(%)**	**Class / Div / Grade**

Note: * Date of declaration of result/ date of issue of final semester marks sheet/ provisional certificate/ degree, whichever is earlier will be considered as the date of passing the examination.
#1 If Grades (CGPA/OGPA/DGPA/SGPA etc) are awarded instead of marks, the applicants should clearly indicate its numerical equivalent so as to check the eligibility percentage.

15	**Additional Qualification**

16.	**Training Program**					
Name of Examination passed	Whether full time / part time/ correspondence	Duration of the course	Name of the Institution / University	Main Subjects/ Specialization	Month & year of passing *	Grade# / % marks & Class/ Division

17	Work Experience

	Employer Name	Post Held	Nature of duties performed	Start Date	End Date	Years	Months	Days	Pay scale / Salary
	Total Experience								

18	Permanent Address

Address Line 1					
Address Line 2					
Address Line 3					
Country		State		District	
City		PIN Code			

19	Present Address

Address Line 1					
Address Line 2					
Address Line 3					
Country		State		District	
City		PIN Code			

MOBILE NO. OF CANDIDATE		**E-MAIL OF CANDIDATE**	

20	**DETAILS OF APPLICATION FEES, IF APPLICABLE**			
Demand Draft no.		**AMOUNT**		

22	**REFERENCE DETAILS**

Reference Person Name	**Post held & Name of the organization**	**Postal Address for Correspondence**	**Email Id**	**Mobile No.**

DECLARATION

I declare that all information given in this application form are true to the best of my knowledge and belief. If any of the information is found incorrect or distorted at any stage, I shall have no objection to cancellation of my candidature.

I agree to the declaration mentioned in the above.

Place:-
Date:-

(Signature of the Applicant)

For Office Use Only

Date of Birth Verified	Educational Certificate(s) checked	Work Experience Verified	NDT	Category (SC/ST/OBC/EWS/PWD/Ex Servicemen / Sports person) Certificate Verified. If any	Remarks

Name : **Designation:** **(Signature of Verifying Officer)**

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