



(Application form for the post of Assistant Manager/HRM on regular basis vide Advt. No. 09/2024)

1. **Name in full** (In Block letters) : _____
2. **Father's Name** : _____
3. **Date of Birth** (DD.MM.YYYY) : _____
4. **Gender** (Male/Female/Others) : _____
5. **Community** : _____
(UR /SC/ ST/OBC/EWS)

Please affix self-attested
passport size photo here.

6. **PwD (Divyang) candidate:** Yes/No (If yes please enclose PwD certificate)
7. **J&K Domicile (between 01/01/1980 to 31.12.1989):** Yes/No
8. **Ex-Serviceman:** Yes/No (If yes please enclose certificate)
9. **Marital Status:** Married/Unmarried (If married, mention Spouse Name): _____
10. **Whether any working/worked employee of IRCON is in relationship/blood relation/nearly relation of applicant** -Yes/No (If Yes, please provide following details):
Name: _____ Designation: _____
Place of Posting: _____ Relationship: _____

Nature of Employment: Regular/Contractual/Service Contract/Deputation/Tenure (please tick).

11. **Religion:** _____
12. **Whether belong to Minority:** Yes / No
12. **Name of Present Organization:** _____

(Please tick)

Govt. (Central/State)	PSU	Auto. Bodies	Others
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13. **Contact No.:** _____
E-mail ID: _____
14. **Demand Draft No. (If applicable)** _____ **Bank Name** _____ **Date:** _____
15. **Correspondence Address:** _____

District: _____ **State:** _____ **Pin code:** _____

Country: _____

Advt. No. 09/2024

16. Qualifications (Academic & Professional):

Exam Passed	Year of Passing	Name of the Instt./ University	Max. marks	Marks obtained	Percentage of marks

17. Post Qualification Experience: (From latest to first)

Post held	Scale of Pay/CTC	Name & address of the Employer	PERIOD			Brief detail of work handled (Attach separate sheet if necessary)
			From date	To date	Total Duration upto (in Yrs. & Months)	

My total length of post qualification work experience is ____ years ____ months and my current pay scale/CTC (if there) is _____ since _____ as on 01.04.2024.

18. Details of Computer/ERP proficiency: _____

19. List of Enclosures:

- 1.
- 2.
- 3.
- 4.
- 5.

**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.

Date : _____

Place : _____

Signature of the Candidate:

Name of candidate:

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/Townin District/ Division
.....in the State/ Union Territory..... belongs to the
..... community which is recognised as a Backward Class under the Government of
India, Ministry of Social Justice and Empowerment's Resolution No.
Dated.....*.

Shri/Smt./Kum.* and/or his/her family ordinarily reside(s) in
the.....District/Division of the State/Union
Territory. This is also to certify that he/she does not belong to the persons/sections (Creamy layer) mentioned in
column 3 (of the Schedule to the Government of India, Department of Personnel & Training OM No. 36012/22/93-
Estt(SCT), dated 8.9.1993 and modified vide Government of India, Department of Personnel and Training
O.M.No.36033/1/2013-Estt. (Res) dated 27.05.2013 and 13.09.2017**.

Date:

**DISTRICT MAGISTRATE /
DY. COMMISSIONER ETC.**

(Seal)

*** The authority issuing the certificate may have to mention the details of Resolution of Government of India, in which the caste of the candidate as OBC.**

**** As amended from time to time.**

Note: The term "Ordinarily" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.