



COAL INDIA LIMITED
Application for the post of General Manager (Security)
in E8 Grade

Paste self-attested
latest passport
size colour
photograph

1	Name (IN BLOCK LETTERS) (as per Matriculation certificate)	
2	Father's / Husband's Name	
3	a) Date of Birth (In Figure – dd/mm/yyyy) b) Date of Birth (In words)	a) _____ b) _____
4	Age as on cut-off date (1-Nov-16)	Years..... Months..... .. Days.....
5	Gender	
6	Nationality	
7	Marital Status	
8	If Married, Occupation of Spouse:	
9	Religion	
10	Category (SC / ST / OBC-NCL / Unreserved)	
11	Are you a Person with Disability (PWD)? If Yes, circle the category of disability (VH/OH/HH)	Yes / No Percentage of Disability: VH / OH / HH
12	Mobile No	
13	Email ID (should be valid for 1 year)	
14	Correspondence AddressPincode.....
15	Applying under (Please tick ✓)	a. Deputation b. Absorption / Direct Recruitment

16	Whether working in Government /State Govt. / PSU / Autonomous Body:	Yes / No
	If Yes:	
	a) Name of Company / Institution	a)
	b) Are you on deputation	b) Yes / No
	c) Name of parent company (if on deputation)	c)
	d) Notice Period Required / Remaining tenure of deputation	d)

17. EDUCATIONAL QUALIFICATIONS: (Academic and Professional)

	Institute	University	Year of passing
Graduation			
Post-Graduation			
Any Other Qualification			

18. Experience: (Starting from present company)

Sl. No	Designation	Organization	Central Govt./ State Govt. / PSU / Autonomous Body / Private	Pay-scale / Gross Pay per month	Period		Total Period
					From (dd/m m/yy)	To (dd/m m/yy)	

(Please use separate sheet if required)

I, hereby declare that the information as furnished above is correct to the best of my knowledge and belief. If any of the information as furnished above is found to be incorrect, my candidature for the post applied is liable to be cancelled at any stage of the selection process.

Date: _____

Place: _____

Signature of the candidate

Note:

1. Please **sign across the photo** pasted on the first page of Application form.

2. The candidate is required to fill up all the columns. Application may be rejected if any column is left blank, not filled or incomplete. No further correspondence will be entertained.
3. Ensure that the mobile no. and email ID are correct and valid for one year.
4. If space is inadequate for Sl. No. 17, 18 or any other column, use separate sheet(s).
5. **Self-attested** photocopies of the all the applicable certificates.

Check List

Sl No	Enclosures	Attached
1	Date of Birth (matriculation cert.)	YES <input type="checkbox"/> NO <input type="checkbox"/>
2	Caste / Category	YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable <input type="checkbox"/>
3	PWD Certificate	YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable <input type="checkbox"/>
4	Certificate of educational / professional qualification along with mark-sheets of all the years	YES <input type="checkbox"/> NO <input type="checkbox"/>
5	Experience Certificate from previous employer(s)	YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6	NOC in case of Central Govt./ State Govt./ PSU / Autonomous Body	YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7	Any other please specify	