

#### Hindustan Aeronautics Limited.

Aircraft Division, Nashik Ojhar Township (Post), Nashik-422207



### **Application Form**

Application Number	KPT00004
Post Applied for	ESM Technician (Electrical Fitter)
Name of Applicant	JATIN TESTING
Date of Birth : 02-10-1999	Age as on 01-05-2024: 24 years, 10 months and 22 days



#### Basic Details:

Father's Name : FATHER		Mother's Name : MOTHER		
Gender : Male	Marital Status : Married		Religion : Christianity	
Category : UR	Caste Certificate No. :		Issue Date : 01-01-1900 00:00:00	
PwD : No	PwD Type :		PwD % : 0	
Aadhar No. : 472535673686	EMail Id : aaa@gm.		Mobile No. : 755555555	
Domicile State : KARNATAKA	Domicile of Jammu & Kashmi	r : No	Issue Date : 01-01-1900	

Relevant Experiences?: No

Ex-Serviceman Experience(Armed Forces)?: No

#### Address Details:

Communication Address	B-90, GAO, LANDMARK, CITY, DIST, STATE, 111111, NSUT, NEW DELHI
Permanent Address	B-90, GAO, LANDMARK, CITY, DIST, STATE, 111111, NSUT, NEW DELHI

#### **Educational Qualifications:**

Examination Passed	Stream	Education Mode	Name of Board/University	Passing Year	Marks(%)
10th	PCM	Full Time	TENTH	11-10-2002	66.60

## Detaiol of Airforce:

Airforce Trade	Date
AIRCRAFT TDARE	31-03-2002

#### Working Experience, if any:

Name of the Post	Name of Organisation	Date of Joining	Date of Leaving	Salary (P.M.)	Period
POST HELD	ORG NAME	10-10-2001	19-01-2002	121220.00	0Year 3Month 11Days
POST TWO	ORG NAME TWO	10-10-2002	12-11-2009	34567.00	7Year 1Month 3Days

Have you done any Apprenticeship in HAL? : No

Have you been Interviewed by HAL any time earlier? : No

Are any of your close relatives working in HAL, Koraput? : No

Member/Worker of any Political Party/Organisation or Participated in any Political Activities? : No

#### **Declarations**

It is hereby declared that the information furnished by me herein above is true to my personal knowledge and belief. It is also declared that neither Criminal case is pending against me nor I have ever been punished by any court of law, nor am I involved in or related with any criminal case for any offence involving moral turpitude. I know that if anything stated herein above turns out to be false, the HAL, Koraput may cancel my candidature at any stage of Selection process and may debar me from appearing in the examination at its sole discretion. I further declare that if I obtain appointment on any false or incorrect information, my appointment shall be terminated/cancelled and I shall be liable for prosecution under the Law.

I accept the above mentioned declaration: Yes

Date: 30-07-2024	
	( Signature of Applicant )

# HANDICAPPED CERTIFICATE

# OFFICE OF THE CIVIL SURGEON-CUM-CHIEF MEDICAL OFFICER, DHANBAD

CAMP PLACE (CHC NAME TOPChanchi)

Certificate no 0

Date 16/4/22

# CERTIFICATE FOR THE PERSON WITH DISABILITIES

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Permahent/Temporary	(Physical impairmen	t/Visual impairmen	t/Speech & Hearing im	pairment) relation to
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notification 16-18/97 d				
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2) Re-assess	ment is not	recommended/	is recommend	ed and period
ofMo	onth/Year* Strive out	which not applicabl	e.*	
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before this certificate re	ceived in this conflection	Tild Choc spance	Her.	
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Signature/Thumb impre	ssion of the patient			

Adress VIII- Egankund Conth.
Po-Kumardhubi, Dist-Dhanbad
Thankhand - 828203

