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**APPLICATION FOR THE POST OF DY. ENGINEER (PERMANENT) FOR NW&CS/
MILCOM SBU**

1) INSTRUCTIONS :

- a) All columns should be filled in BLOCK LETTERS
- b) Incomplete applications / applications without enclosures will be rejected.

2) a) POST APPLIED FOR :

b) FULL NAME (IN CAPITAL LETTERS) :

c) DATE OF BIRTH :

d) GENDER MALE / FEMALE :

e) MARITAL STATUS : MARRIED / UNMARRIED

3) a) CATEGORY (Tick Mark) : GEN SC ST OBC XSM

b) If XSM, indicate number and rank.

c) WHETHER PHYSICALLY CHALLENGED : YES NO

d) If yes, mention the category of disability) VH OH HH

e) RELIGION : _____

4) PERMANENT ADDRESS :

CORRESPONDENCE ADDRESS :

5) TELEPHONE NO : (R) _____ (O) _____

MOBILE NO : _____

E-MAIL ID : _____

6) a) FATHER'S NAME : _____

b) OCCUPATION : _____

7) LANGUAGES KNOWN : (UNDERLINE MOTHER TONGUE)

READ	WRITE	SPEAK
_____	_____	_____
_____	_____	_____
_____	_____	_____

8) Application fee payment details:

a) SB CollectNob) Date of payment:

9) A) EDUCATIONAL QUALIFICATIONS (starting from Matriculation):

EDUCATION	NAME OF THE INSTITUTION	YEAR STUDIED FROM TO		CLASS / DIV.	BRANCH / DISCIPLINE	GRADE/ % OF MARKS
SSLC / Matriculation						
PUC						
B E/ B.TECH/B.Sc (Engg)						
M E/ M.TECH						
OTHERS (please specify)						

B) SKILL SETS

SL NO	ADDITIONAL SKILL SETS (PLEASE SPECIFY IN LINE WITH THE ADVERTISEMENT)	ENCLOSE CERTIFICATE/S (IF ANY)
1		
2		
3		
4		

10) Are you employed in Govt./PSU/Quasi Govt., if yes, have you enclosed NOC?

11) EXPERIENCE :

a) (Start with the current employment)

NAME OF THE EMPLOYER AND ADDRESS	DESIGNATION	DURATION		BRIEF NOTE ON DUTIES & RESPONSIBILITIES / ASSIGNMENTS HANDLED
		FROM	TO	

TICK THE APPROPRIATE BOX FOR EXPERIENCE DETAILS :

SI NO	1 year relevant industrial experience in the following areas	Tick the appropriate Box/ Boxes	Enclose credentials
a)	Digital forensics and Incident response		
b)	Security Incident & Event Management (Including Security analysis, NOC and SOC environment)		

c)	Big Data Analysis		
d)	Perimeter/ Infrastructure/ Network security		
e)	Threat and Vulnerability Management		
f)	Penetration testing		
g)	Governance, Risk and Compliance		

b) SALARY DRAWN (please furnish details of all components like Basic, DA, HRA, CCA including Pay scale etc.,)

12) DETAILS OF MEMBERSHIP OF PROFESSIONAL INSTITUTIONS, IF ANY :

DECLARATION

I hereby declare that the above statements are true and complete to the best of my knowledge and belief. In the event, the information is found to be false or incorrect my candidature / appointment may be terminated without notice.

SIGNATURE OF CANDIDATE

PLACE :
DATE :