<u>(A Govt. of India Ente</u>	Annexure "A" SHARAT ELECTRONICS QUALITY. TECHNOLOGY. INNOVATION: ELECTRONICS LIMITED erprise under the Ministry of Defence) POST OF ADVISOR FOR "KAVACH PROJECT " BEL KOTDWARA.
INSTRUCTIONS: TO BE FILLED	IN BLOCK LETTERS.
1. Full Name: (Mr./Ms.)	:
(As per SSLC certificate)	
2. Father's Name	
3. Date of Birth (DD/MM/YYYY)	Age:YYMM (As on 01.12.2024)
4. Gender	: Male/ Female/ Others
5. Nationality	
6. Category (General / OBC / SC / ST/ EWS)	:
(Enclose Certificate in the prescribed	format)
7. a) Indicate if you are a Person with D	isability : Yes No
If yes, indicate nature of Disab	ility. :
(Enclose Disability certificate	in the prescribed format)
b) Degree of disability as indicated i	in the Certificate :
8. Religion: Hindu/Muslim/Christian/Sik	h/Neo-Buddhist/ Zoroastrian/ Others (Please specify)

9. (a) Qualification (Indicate division & year of passing), attach copies of documents.

Education (SSLC onwards)	Institution/University	Main Subjects Studied	Class/ Division	Grade/ % of Marks	Year of Passing
Graduation (BE/B.Tech)					

Post-Graduation			
Additional Qualification/Certification			

10.Work Experience (As on 01.12.2024)

- I. Name of the last organization served. Please specify
- II. Total work experience: _____
- III. Total Relevant work experience :_____
- IV. Designation at the time of retirement:
- V. Last Pay Drawn :_____
- VI. Any Other Work Experience :

Name of the Organization	Employment Details		Expo	erience	Designation	Details of responsibilities in brief
	From	То	Years	Months		
Total Work Expe						
(in Years and	Months)					

11. Details of relatives employed in BEL, if any

Name	Relationship	Designation	Department	Unit

12. Address with Pin Code

a) Permanent Address	b) Correspondence Address
Pin code:	 Pin code:
c) E-mail ID (in BLOCK LETTERS) :	
(All correspondence will be made to this email id only)	
d) Mobile No. :	

13. Undertaking

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 may be terminated without notice. I further declare that if any at stage it is discovered that an attempt has been made by me to wilfully conceal or mis-represent facts, my candidature may be summarily rejected or may employment terminated and no appeal in this regard shall be entertained.

SIGNATURE OF THE CANDIDATE

Date:

Place:

Checklist of attached documents

Sl. No.	COPIES OF CERTIFICATES	YES/ NO/ NOT APPLICABLE
1.	SSC/SSLC Marks Card as proof of Age	
2.	Certificate of Graduation / B. Tech	
3.	Certificate of Other qualification/Certification	
4.	Vigilance Clearance Certificate from previous Organisation	
5.	Any other certificates / testimonials (if relevant, may be attached)	