**APPLICATION FORM OF WALK-IN-INTERVIEW IN BRAHMAPUTRA VALLEY FERTILIZER CORPORATION LTD, NAMRUP FOR ENGAGEMENT**

**ON CONTRACT BASIS**

**Affix self-attested**

**latest passport**

**size photograph**

**Advt. No.HR/01/2018/01**

**POST APPLIED FOR:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Name : | | | 2.Father’s name: | |
| 3. Date of birth: | | | 4. Place of birth : | |
| 5. Age (as on 01.01.2018) | | | 6. Religion : | |
| 7. Nationality : | | | 8. Home Town : | |
| 9. Permanent Address : | | | 10. Present Address: | |
| 11.Tel./  Mobile No. | | | 12. e-mail: | |
| 13.Academic  Institution | Qualification  HSLC/onwards  Acquired | Duration of course | Year of passing | Class / Division |
|  |  |  |  |  |
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|  |  |  |  |  |

(Photocopies of certificates including Internship completion and marksheets to be attached )

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14. Registration No. of Medical Council and :

State where registered (Copy of certificate

to be enclosed)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 15. Professional experience, if any – Starting from present position :  (Photocopies of appointment/promotion letter for each post to be attached) | | | | | |
| Employer’s name  & address | Post held & pay drawn | Period of employment | | Total years of experience | Nature of duties |
| From | To |
| A. |  |  | |  |  |
| B. |  |  | |  |  |
| C. |  |  | |  |  |
| D. |  |  | |  |  |
| E. |  |  | |  |  |

I hereby certify that all the statements given in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information given herein is found false or incorrect or concealed, the contract will be liable to be terminated and any legal action can be taken against me.

Place\_\_\_\_\_\_\_\_\_\_\_ Signature

Name of the candidate:

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_