

## **Indian Rare Earths Limited**

## **Application Format**

(Please fill in **BLOCK** Letters only)

Affix your recent passport size photograph

Reference: Application				No. HRM	/EA/	P/2016/3				
Name in ful	ll :				_					
Surname				Fi	rst N	ame		Middle	e Name	
Father's Na	me :							_		
Surname				Fi	rst N	ame		Middle	e Name	
Husband's I	Name :	:								
Surname				Fi	rst N	ame		Middle	e Name	
Nationality				g)	) Sta	ate of Domic	le·-			
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Gender:-						i) Mari	tal Statu	ıs:-		
Male F	Female	!				Married	Unm	arried	Widowe	er Divorcee
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Date of Birt	:h:					k) Age	as on : <b>3</b>	1.12.201	.6	_
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Relaxation	in Age	(if sou	ght): N	No. of Ye	ars [	U	nder Cat	tegory /	Sub-Categ	ory
Category :					L					

(Tick the appropriate category and enclose valid certificate from the appropriate Authority for categories other than general).

HINDU	MUSLIM		CHRISTIAN	SIKH	SPECI	FY IF	OTHERS	
Perman	ent Address:							
STATE			PI	IN CODE				
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Local Ad	ldress/Address fo	r communicati	on:					
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	Name of	Type of Org.	Post(s)	From	То	Years &	Scale of Pay and	Job
	Organisation	Govt./	held			Months	annual gross	Responsibility
		PSU/PVT					salary/CTC	
	1	2	3	4	5	6	7	8
	Note: You may att							space above is
	insufficient. Please	attach docume	entary proc	of in suppor	t of abov	e mentioned	column 7.	
w)	Extra Curricular acti	vities:						
x)	If selected specify th	he minimum re	quired join	ing time:	_			
y)	Languages known :	(I) Mothe	r tongue					
		(ii) Other	languages					
		(Read, wr	ite and spe	eak)				
	Demand Draft	(if DD. N	umber	Date o	of DD.	Amou	nt Ba	nk Name
applicable	2)							
Place:								
•								
Б.							/c:	_
Date:_							(Signature)	

Work Experience-Post Qualification: (Mention of Pay/Pay Scale Compulsory)

v)

## **UNDERTAKING**

1)	Name of the applicant	;									
2)	Age as on <b>31.12.2016</b> :				V-			N 4 -	1		
					Ye	ars		IVIO	nths	ט	ays
3)	Date of Birth if you are a (applicable for	seeking age relaxation Ex-servicemen/PwD)	:	D	D	М	M	Υ	Υ	Υ	Υ
4)	Whether valid certificate for the above claim of age relaxation is attached :									No	
5)	Professional Qualification	ı:									
i)	Duration of the course	:									
ii)	Mode of study/Learning										
	Full time	Part time	Correspondence					ļ	Dista	nce	
		/Tials the apper	on riot	o boy	١.						
		(Tick the appr	орпас	е вох	).						
ii)	Whether the course is approved by AICTE:									No	
6)		e prescribed UGC/Autono					Yes			No	
	profile as per Advertisem	ualification experience an nent. :	a ruiri	iiing t	ne jor	)					
7)	If you are working in a Go	ovt./PSU/Autonomous bo	dy:								
i)	Whether you have forwarded your application through proper channel or furnished N.O.C.									No	
8)	If you are working in a Pr	ivate Sector Organisation	:								
i)	•	riteria of Annual Turnover <b>2014-15 &amp; 2015-16</b> of the					Yes			No	

9) Please attach self-attested photocopy of each of the following Certificates / Mark sheets / Documents and mention details in columns.

SI. No.	Description	Reference No. of the Certificate	Date of Issue
(1)	Proof of Date of Birth		
(2)	Certificate in respect of prescribed Qualification		
(3)	Mark sheet of prescribed Qualification		
(4)	Experience Certificate (as applicable)		
(5)	Details of Demand Draft (if applicable)		
(6)	Annual Turnover of the organization		
(0)	(for private sector candidates).		
(7)	Caste Certificate (if applicable) / Non-creamy		
(7)	layer certificate for OBC.		
(8)	NOC (if working in Govt./PSU)		
(0)	Discharge Certificate from Defence Services		
(9)	(for Ex-serviceman).		
(10)	Any other		

I hereby declare that all statements as mentioned in this application are true and correct to the best of my knowledge and belief. I understand that in the event of any particulars or information given above being found false or incorrect, or if at any stage it is found that I do not possess the prescribed qualification/experience for the post, my candidature will be rejected ab-initio and I will not have any right to attend the interview nor will have the right to claim Travelling expenses for attending the interview. If any shortcoming(s) is/are detected even after appointment, my services may be terminated.

Date: (S	(Signature)