ARTIFICIAL LIMBS MANUFACTURING CORPORATION OF INDIA

(A GOVERNMENT OF INDIA UNDERTAKING)

G.T. ROAD KANPUR - 209217 (U.P.)

APPLICATION FORMAT

ADVT. NO. AD 3F 01/2014

(Use Block Letters only)

Affix recent Passport size Photograph here

(Please fill up this form with utmost care)

Post Ap	plied for :										
A)	Personal Details										
1.	Name (as appears in SSC certificate)										
2.	Father's Name :										
3.	Date of Birth :										
	D D MM YY										
4.	Age as on 01 Dec 2014 :										
	Year Month Days										
5.	Sex (write M or F):										
6.	State of Domicile :										
7.	Category (Gen./SC/ST/OBC)										
	Are you physically handicapped : Yes/No										
	If yes, please mention the details as follow:										
	Type of Disability :										
	Extent of disability as specified in the disability certificate:										
B)	CORRESPONDENCE ADDRESS :										
	City/Tayur										
	City/Town State Pin Code										
	Tel. No. with STD Code Mobile										
C)	PERMANENT ADDRESS :										
	City/Town State Pin Code										
	Tel. No. with STD Code Mobile										
	E-mail ID, if any										
	, ,										

1.	Basic Qualifications:												
	Exam	Institut	ion/	Bra	nch of		Duration	Month &	Aggre	egate	Full	Time/	
	Passed	Univers	sity/	Spe	cilizatio	on	of Study	Year of	% of		Par	t Time/	
		Board	•	•			,	Passig	Mark	S	Cor	responden	ce
								MM/YYYY				·	
	Profession	nal Quali	fication (I	Pleas	e ment	tion	qualificatio	on which ma	kes yo	ou elig	gible):	
	Exam	Institut	ion/	Branch of			Duration	Month &			Full Time/		
	Passed	Univers	sity/	Spe	pecilization		of Study	Year of % o		of Pa		Part Time/	
		Board						Passig MM/YYYY	Marks		Correspondence		
	Additional Qualification, if Any:												
	DETAILS C	OF EXPER	IENCE (If	requ	ired, p	leas	e attach se	parate shee	t)				_
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(D) ACADEMIC PERFORMANCE :

(G)

WHETHER DEPARTMENTAL CANDIDATE: Yes/No

Declaration:

I affirm that the information given in this application is true and correct to the best my knowledge and belief. I further undertake that if at any stage it is discovered that an attempt has been made by me willfully to conceal or misrepresent the facts, my candidature/appointment shall be summarily rejected or terminated without any notice.

Place:	
Date:	Signature of Applicant

Please Enclose:

- 1. Proof of SC/ST/OBC/PH Certificate (If applicable).
- 2. Demand Draft of Rs 500/- in favour of ALIMCO, payable at Kanpur, (SC/ST/PH Exempted).
- 3. Certificates in support of age, education qualifications, experience etc.
- 4. Please write Advertisement No., Category and post applied for on the top of the envelope.
- 5. Please attach a sheet in your own handwriting giving justification as to why you consider fit for the post applied for in maximum 300 words.

LAST DATE FOR RECEIPT OF APPLICATIONS: 22 December, 2014.