

State: _____

Pin Code: _____

Telephone No: (Residence with STD Code): _____

Mobile No.: _____

Alternate Mobile No.: _____

Email ID: _____

6. Gender : Male / Female

7. Marital Status : Mark 'X' in appropriate box.

Unmarried	Married	Divorce	Widow (er)	Separated

8. Nationality: _____

9. Religion : _____

10. Mother Tongue : _____

11. PAN No : _____

12. (a) Aadhar Card No.: _____ (b) Passport No. _____

13. Height: (Bare feet in cms.) _____

14. Weight: _____ Kgs.

15. a) Whether SC / ST / OBC / General (ALSO MENTION SUB-CASTE)
(Indicate Category to which you belong by marking 'X' in the appropriate box.)

Name of Sub-Caste	SC	ST	OBC	General

If SC / ST – attach copy of the Caste Certificate.

If OBC, furnish current Certificate including the “Non Creamy layer clause”. OBC community should be as per the Central List of OBCs published by the Government of India [As per format in Annexure 'B']

b) Whether Ex-Serviceman : Yes / No

If 'Yes', furnish details of service, position held, date of release, details of experience after release (attach copies of relevant documents)

c) Whether from Police Services : Yes / No
(Furnish details)

d) Whether working in any Govt : Yes / No

Semi-Govt. / Public Sector
Undertaking or autonomous body

If “Yes”, enclose “No Objection Certificate”

16. Education Qualifications: (Matriculation / SSC onwards)

Examination(s) Passed (specify Degree e.g. BA/BSc/ B.Com etc. / Diploma / course	Name of the University / Institution	Date, Month & Year of Passing	Duration	Percentage of marks (Class / Division)
10 (SSC)				
12 (HSc or Pre-Degree)				
Graduation				
Any other (specify)				

17. Fluency in languages: Mark ‘X’ in an appropriate column.

Language	Read	Speak	Write	Remarks*
a) English				
b) Hindi				
c) Bangla				
Others (Specify)				

* Indicate whether any Certificate / Language Course done and the duration of the course, along with a copy of such Certificate.)

18. Work Experience (if any):

Organisation	Post Held	Period of Service		Nature of Job
		From	To	

19.

Preferable Qualification	Date of getting certification	Validity	
		From	To
AVSEC			
X-BIS			
NCC Certificate "B"			
NCC Certificate "C"			

20. i (a) Is any case pending against you with the police or court? Yes No
 (b) If Yes, furnish full details on a separate sheet of paper

ii (a) Where you ever arrested? Yes No
 (b) If Yes, furnish full details.

21. Particulars of Demand Draft issued:
 (In favour of **AAI Cargo Logistics and Allied Services Company Ltd.** payable at **New Delhi**)

Name & Address of the Issuing Bank & Branch	Date of Issue	Demand Draft No.	Amount
			Rs.500/-

22. Relatives working in AAI / AAI Cargo Logistics & Allied Services Company Ltd.:

Name	Designation	Company	Relationship

23. **Declaration: I hereby certify that the foregoing information is correct to the best of my knowledge and belief. I have not suppressed any material fact or factual information in the above statement.** I am aware that in case I have given wrong information or suppressed any material fact or factual information, or I do not fulfil the eligibility criteria according to the advertisement, my candidature will be rejected / services terminated without giving any notice or assigning reasons therefore.

Place :

(Signature of applicant)

Date :

List of Documents(copies) to be attached with the Application :

(Please also bring all ORIGINAL DOCUMENTS / CERTIFICATES for verification only)

- i) Demand Draft (Not applicable for SC/ST/Ex-Servicemen/Female).
- ii) 10th Std / Matriculation Mark-sheet & Passing Certificate
- iii) 12th Std / Pre-Degree Mark-sheet and Passing Certificate
- iv) Graduation Certificate or Provisional Degree Certificate
- v) No Objection Certificate from present employer, if applicable.
- vi) NCC "A, B, C" / Basic AVSEC / X-BIS Certificate
- vii) Caste Certificate in case of SC / ST / OBC candidates
- viii) Discharge Certificate in case of Ex-Servicemen
- ix) Experience Certificate
- xi) PAN Card Copy
- xiii) Aadhar Card Copy
- xiv) Passport Copy
- xiv) Any documents in regard with point no. 20 of Application Format

ANNEXURE 'A'

TO WHOMSOEVER IT MAY CONCERN

I Dr. _____ have clinically examined Mr / Ms _____
_____ Age _____ (Years) date of birth _____ and certify that
his / her height/weight as follows:

Height: _____ cms

Weight: _____ Kgs

Signature of the Doctor

Name of the Doctor

Registration no:

Stamp

Date of issuance:

