

ARTIFICIAL LIMBS MANUFACTURING CORPORATION OF INDIA

(A GOVERNMENT OF INDIA UNDERTAKING)

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

APPLICATION FORMAT

(Use Block Letters only)

Affix recent
Passport size
Photograph
here

ADVT. NO. AD 3F 01/Rectt./2015

(Please fill up this form with utmost care)

Post Applied for : _____

(A) Personal Details

1. Name (as appears in SSC certificate)
2. Father's Name :
3. Date of Birth :

D	D			MM			YY		
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4. Age as on 01 June, 2015 :

Year			Month			Days		
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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/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

(D) ACADEMIC PERFORMANCE :

1. Basic Qualifications :

Exam Passed	Institution/ University/ Board	Branch of Specilization	Duration of Study	Month & Year of Passig MM/YYYY	Aggregate % of Marks	Full Time/ Part Time/ Correspondence

2. Professional Qualification (Please mention qualification which makes you eligible) :

Exam Passed	Institution/ University/ Board	Branch of Specilization	Duration of Study	Month & Year of Passig MM/YYYY	Aggregate % of Marks	Full Time/ Part Time/ Correspondence

3. Additional Qualification, if Any:

(E) DETAILS OF EXPERIENCE (If required, please attach separate sheet)

Name of the Organization	Designation	Scale of Pay	Duration		Nature of Duties	Reason for leaving
			From MM,YYYY	To MM,YYYY		

Post Qualification Experience : Year Months

(F) DETAILS OF DEMAND DRAFT :

Demand Draft No.	Dated	Name of the Bank	Amount

(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/ Deptt. Candidates 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 : 31 July, 2015.