

Registered Office: HMT Bhavan, # 59, Bellary Road, Bangalore – 560 032

Affix Passport size photo

(Please fill boxes in <u>BLOCK LETTERS ONLY</u>)

APPL	ICATION FO	E POST OF:				A	Advt. Ref. No. & Date:						
1	Name Mr./	Ms											
2	² S/o, D/o, W/o												
3	3 Address for communication (With PIN Code)												
3.1	Telephone Nos. (with STD code)		Office					Residence.					
3.2	Mobile												
3.3	E-mail Ids	1											
		2											
4	Date of Birth (as per Matric./		DD M		ММ		YY		Age (as on	YY	MM	
4	SSLC/SSC certificate)						date of application						
5	Caste/Category		SC	ST	OBC	GEN	PH	M]	MINORITY EWS		(Tick appropriate		
			f attacted Va		,						column)		
6	Qualification	ı (seii	f attested Xerox copies of be en					closed)				cates are to	
0	Exam Yr passed pass		of Full/ part sing time		Course Duration		University/ Institution		Aggt. % Marks	Specialisa- tion			
6.1													
6.2													
6.3													
6.4													
6.5													
6.6													

	Post-qualification Experience: (self attested Xerox copies of experience certificates are to be enclosed). For experience details, separate sheet may be attached as Annexure)											
7				Perio	od (co	ommer / pre	_	from	atest	/'s er	<u>ಷ</u>	
	Organisa- tion &	Desig- nation	Nature of duties	Fr	om	/ present)		Duration		Company's Turnover	c Pay 8 Scale	
	Address	Hacion	duties	ММ	YY	MM	YY	YY	MM	Corr	Basic pay \$	
7.1												
7.2												
7.3												
7.4												
7.5												
7.6												
	TOTAL P	.Q. EXPE	RIENCE									
8					act details (other th							
	Name& designation		Address	F	Phone No./Mobile No.			Email ids				
8.1												
8.2												
9	Details of re working in H Ltd. or its Subsidiary C	HMT										
10	Demand Draft details		Date & DD No		Amount. (Rs.)			Bank Details				
Orig	jinal testimo	nials in r	espect of SI. No			7 mus	t be p	produ	iced a	t the t	ime	
knov abov	wledge info ve are foun	rmation d to be	of int mation furnish & belief. If, at false or inacc r the extant rule	ed al a lat urate	oove er d	ate, t	he in	form	ation	furnis	shed	
Plac Date												

(Signature of the Applicant)

STATEMENT OF DOCUMENTS ENCLOSED TO THE APPLICATION FORMAT

SI. No.	Documents	Status (tick the relevant column)				
1.	Demand Draft for the prescribed amount	Yes	No	NA		
2.	Proof of date of birth (SSLC / Matriculation Marks Card)					
3.	Proof of Caste – SC/ST in the prescribed format					
4.	Latest OBC Certificate (Non creamy layer) in the format as applicable for appointment to posts under Govt. of India to be produced					
5.	Income and Asset Certificate in the format as applicable for EWSs Category					
6.	Ex-Servicemen Certificate					
7.	PWD Certificate issued by the Competent Authority (Govt. Hospital or Medical Board attached to Special Employment Exchange for the handicap) as per the "Persons with Disabilities (Equal Opportunities, protection of right and full participation) Act, 1995"					
8.	Minority Declaration Certificate					
	Qualification Certificates					
1.	Degree Certificate					
2.	PG Degree / Diploma Certificate					
3.	Other Qualifications / Certificates if any (Pl. specify)					
4.	Post-Qualification Experience Certificate (s)					
5.	Latest salary certificate issued by your employer					

Note:

- 1) Candidates to bring one set of photo copies of all marks cards along with original for verification at the time of interview.
- 2) The self attested copies of the documents / certificates should be enclosed to this format in the same order.