

National Fertilizers Limited (A Govt. of India Undertaking) PLEASE AFFIX YOUR RECENT PASSPORT SIZE PHOTOGRAPH

#### APPLICATION FORM ADVT. NO. 02/2021 DATED 26.05.2021

- 1. ALL ENTRIES SHOULD BE IN UPPER CASE/BLOCK LETTERS IN BLUE INK.
- **2. TICK**  $(\checkmark)$  THE APPLICABLE OPTION.
- 3. CUTTING / OVER-WRITING SHOULD BE AVOIDED.

#### 4. CANDIDATES ARE ADVISED NOT TO CHANGE THE APPLICATION FORM PROFORMA.

NAME OF THE POST APPLIED FOR	
POST CODE	

1.	NAME OF THE APPLICANT	
2.	GENDER	MALE ( ) FEMALE ( ) OTHERS ( )
3.	MARITAL STATUS	
4.	FATHER'S NAME	
5.	MOTHER'S NAME	
6.	SPOUSE'S NAME	
7.	DATE OF BIRTH (DD/MM/YYYY) (AS PER MATRIC CERTIFICATE)	
8	AGE AS ON 30.04.2021	
9.	MOBILE NUMBER	
10.	E- MAIL ID	
11.	STATE OF DOMICILE AND NATIONALITY	
12.	CONTACT / MAILING ADDRESS	PERMANENT ADDRESS
12.		
	DISTRICT : STATE : PHONE NO. (WITH STD CODE) :	DISTRICT : STATE : PHONE NO. (WITH STD CODE) :

13.	NEAREST RAILWAY STATION TO CONTACT/ MAILING ADDRESS				
14.	RELIGION				
15.	WHETHER BELONGS TO MINORITY COMMUNITY IF YES, PLEASE STATE.	YES ( ) NO ( )			
16.	WERE YOU DOMICILE OF J&K DURING THE PERIOD FROM 01.01.1980 TO 31.12.1989? (COPY OF CERTIFICATE TO BE PRODUCED AT THE TIME OF INTERVIEW).	YES ( ) NO ( )			
		GENERAL ()			
17.	TICK (✓) THE APPROPRIATE CATEGORY [COPY OF CERTIFICATE TO BE PRODUCED	SC ()			
	AT THE TIME OF INTERVIEW IN CASE OF SC/ST/OBC (NCL)/EWS].	ST ()			
	<b>NOTE:</b> OBC (CREAM LAYER) CANDIDATES SHOULD INDICATE THEIR CATEGORY AS	EWS ()			
	GENERAL	OBC ( ) (NON CREAMY LAYER)			
	PERSON WITH BENCHMARK DISABILITY (PWBD) / DIVYANG?	YES ( ) NO ( )			
18.	IF YES, MENTION THE CATEGORY AND	PwBD CATEGORY			
	PERCENTAGE OF DISABILITY OF DISABILITY	PERCENTAGE OF DISABILITY:			
	<ul> <li>A) ARE YOU AN EX- SERVICEMAN?</li> <li>IF YES, MENTION THE LAST RANK HELD AND THE NO. OF YEARS COMPLETED IN THE RANK.</li> </ul>	YES ( ) NO ( )			
19.	<ul> <li>B) ARE YOU SERVING OFFICER IN THE ARMED FORCES?</li> <li>IF YES, MENTION THE PRESENT RANK AND THE NO. OF YEARS COMPLETED IN THE RANK.</li> </ul>	YES ( ) NO ( )			
20.	WHETHER DEPENDENT OF THOSE KILLED / SEVERELY DISABLED IN ACTION	YES ( ) NO ( )			

21.	HAVE YOU BEEN INTERVIEWED BY NFL ANY TIME EARLIER?	YES ( ) NO ( )
	IF YES: POST FOR WHICH INTERVIEWED FOR: DATE OF INTERVIEW: VENUE OF INTERVIEW:	
22.	ARE ANY OF YOUR RELATIVES WORKING IN NFL? IF YES, PROVIDE DETAILS OF NAME, DESIGNATION, UNIT, ETC.	YES ( ) NO ( )
23.	ARE YOU A DEPARTMENTAL CANDIDATE? IF YES, MENTION YOUR E. NO., DESIGNATION AND PLACE OF POSTING.	YES ( ) NO ( )
24.	EMPLOYMENT STATUS AS ON 30.04.2021.	Employed in Central Govt.(State Govt.(Central PSU(State PSU(Autonomous Body(Statutory Body(Public Limited Company(Private Limited Company(Joint Venture (JV)(Unemployed(
25.	I CERTIFY THAT I HAVE NOT BEEN ARRESTED, PROSECUTED, KEPT UNDER DETENTION OR FINED, FIR FILED IN ANY POLICE STATION, CONVICTED BY THE COURT OF LAW FOR ANY OFFENCE DEBARRED / DISQUALIFIED BY ANY PUBLIC SERVICE COMMISSION FROM APPEARING IN ITS EXAMINATION OR IF PROCEEDINGS ARE PENDING AGAINST HIM IN ANY COURT OF LAW	YES ( ) NO ( ) If No, all relevant details to be enclosed in a separate sheet with records.
26.	DURING YOUR EMPLOYMENT, WHETHER ANY PUNISHMENT / PENALTY WERE AWARDED TO YOU OR ANY VIGILANCE CASE PENDING AS ON 30.04.2021 OR ON THE DATE OF APPLICATION?	YES ( ) NO ( ) If yes, all relevant details to be mentioned in a separate sheet & enclosed with records
27.	IDENTIFICATION DOCUMENT ENCLOSED AND NUMBER	

### 28. Educational & Professional Qualification (Graduation & above):

Qualification	Institute / University	Nature of the course (Full Time/ Part Time/ Correspondence)	Duration of the course (in years)	Class/ Division	Aggregate % of Marks**	Year of Passing

\*\* In case of CGPA, conversion formula from CGPA to percentage to be enclosed mandatorily.

# **29.** Details of Training Undergone in the last 5 years:

Name of Program	Institution / Organization	Duration of the Training			
		From (DD/MM/YY)	To (DD/MM/YY)		

30. Post Qualification inline Professional Experience (from First Job onwards to Current Job (Chronological order):

		Post Qualification inline Professional Experience (from First Job onwards to Current Job (Chronological order):						
SI.	Name of the	Type of Organization	Type of Industry	Designation/	Date		Current Pay Scale or	Brief Job Profile
No.	Organization	(Central Govt. / State Govt. / Central PSU/ State PSU / Autonomous Body / Statutory Body / Public Limited Company / Private Limited)	(Fertilizer/ Chemical/ Petro-Chemical Hydrocarbon/ manufacturing Industry/Other)	Post Held	From (dd/mm/yy)	To (dd/mm/yy)	annual CTC (Kindly also mention effective date of current pay scale/ annual CTC)	
	+ 4/10							

\* All Columns are mandatory (Applications with incomplete information in the column will be summarily rejected) If required, additional sheets may be used & attached.

31.	No. of years of Post Qualification Inline Experie		ye	ears.			
	For candidates employed in Central Govt. / Sody / Statutory Body as on Cut Off Date:	J/ S	State PSU / Aut	onomous			
	Type of Organization:	_					
	Scale of Pay:	_					
	Basic Pay:						
32.	Scale of Pay as on 01.05.2019						
	Scale of Pay as on 01.05.2020						
	Scale of Pay as on 30.04.2021						
	(Attached documentary proof like Certificate /Le						
	ntral/State) Dep s do not match						
	CTC (in lakh p.a.) as on 01.05.2019						
33.	CTC (in lakh p.a.) as on 01.05.2020						
	CTC (in lakh p.a.) as on 30.04.2021						
	(Attached documentary proof like Certificate /Letter from Employer, Salary Slips, Form-16 etc. in support of the above)						
34.	If selected, how soon can you join (in days / mo	onths)?					
35.	Have you availed VRS from any PSU? If yes,	:	YES ( ) N	IO ( )			
36.	Details of Application Fee, if applicable:						
Na	ame of the Bank and Issuing Branch Address	DD Number		DD Date	Amount (₹)		

#### DECLARATION

I have carefully perused the Advertisement No. 02/2021 dated 26.05.2021 and certify that the information furnished above is correct to the best of my knowledge and no material information relevant to my candidature has been suppressed or falsely declared and copies of self-attested documents in support of my candidature are enclosed. I am meeting all the advertised specification for the post applied for. I understand that if the information furnished by me is found to be incorrect/false or not supported by documentary proof, my candidature will not be considered, even after short listing and no queries will be entertained by NFL. I fully understand that canvassing in any form at any stage will render my candidature ineligible.

Date:

Signature of Applicant

Place:

(Name)