## TO BE FILLED IN BOLD ENGLISH CAPITAL LETTERS BY THE CANDIDATE ONLY

(\* marked fields are mandatory. Candidates are advised to fill up the detailed information in the prescribed format and at relevant place only. No separate sheet attached will be considered.)

Please affix passport size photograph and sign across

To,		
The	Managing	Director.

Maha Mumbai Metro(M<sup>3</sup>) Operation Corporation Ltd. & Metropolitan Commissioner, MMRDA
New Administrative Building, 8<sup>th</sup> Floor, Bandra-Kurla Complex, Bandra (East), Mumbai - 400 051. MAHARASHTRA.

1.	*Name of Post applied for :,
2.	Mode of Selection :- (a) Nomination / (b) Deputation /
3.	*Candidate's Full Name :(Surname) (Name) (Middle Name)
4.	*Date of Birth :* Age:*Yrs*Months.
5.	*Gender :- M/F*Nationality :- *Religion :
6.	*Permanent Address :-
7.	*Correspondence Address :-
8.	*Email ID :
9.	*Mobile No : 10. Alternate Contact No. :
11.	*Educational /Professional Qualifications acquired :-

Sr.No	Details of Educational Qualification	Year of passing	Grade/ Percentage	Board/University/Institute
			-	

## 12. \* General Experience gained :-

Sr. No	Name of Organization	From To Total years		Post held & Type of appointment	Pay Band/CTC (Rs). With Pay Scale under IDA/CDA	Nature of duties performed	Reasons for leaving.	
						TOTAL		

<sup>\*</sup>Need detailed information i.e. post at the time of joining, promotions received, if any - at each stage during the total tenure.

13. \*Specific working experience gained as under:-

Sr.N	No. Name of organization	Position /Designation	Period	no. of years
1.		9		
2.				
3.				
4.				
5.				
6.				
	Total No. of years			
14.	Parent Department Name, Add Phone No., Competent Authori		:	
15.	Whether one copy of application sent to parent department well		:	
16.	Present Pay Scale with GP (details along with VI/VII th Pand CDA/IDA/Other Scale, if a		:	
17.	Present Basic, GP with designa	ation held	:	

19. Details of deputation during the entire service till date:-

18. Present employer's name, address, Phone number & key person.

	Sr.No	Name of the organization	Post held	Pay Scale		Period		Remarks, if any
					From	То	Total	
_								
20.		f return from earlier zation, (in case of de			:-			
21.		er Departmental Enc ed, initiated against			g, :-			Yes/No
22.	you are	er your Parent Dept. e selected on Nomina the maximum period	ation/Depu	itation?		i.		
	On No	mination/deputation	, by compl	ying all ne	cessary fo	rmaliti	es:	
23.	Compe	er you have applied etent Authority for is ace Clearance Certif	sue of				:-	Yes/No
24.	Compe	er you have applied etent Authority for is ve years Performand	sue of	al			:-	Yes/No
25.	Compe	er you have applied etent Authority for is in the format attache	sue of				:-	Yes/No
26.		of two reputed referance of two referance of two reputed referance of two reference of two referance of two reference of two refer						
		apport of statement of out whichever not a		<u>tested</u>				
	i. ii.	Age Proof (Birth C Educational/Profes (Passing certificate	Certificate/ ssional qua	lifications	:- :-	Yes/ Yes/	No No (Nos.	)
	iii. iv.	Experience certification NOC issued by particular to the control of the control o	eates		:- :-	Yes/ Yes/	No (Nos. No	)

## **DECLARATION:**

I hereby declare that all the statements made by me in this application form are true and correct to the best of my knowledge and belief that nothing has been concealed or suppressed. <u>I have enclosed necessary documents/certificates to this effect</u>. I also understand that in case, any of my statements is found untrue during any stage of recruitment and thereafter. I shall be disqualified for the post applied for and I shall be liable for any penal action.

the requisite criteria that that no any Departmental E today. I further affirm that there are No Dues, No Le me as of date.	
Date:	
Place:	Signature of candidate with name & date

myself about all the terms & conditions stipulated therein and affirm to abide by them. I affirm I fulfill

I have read the advertisement and the relevant GRs mentioned hereinabove and made aware

## (To be given on Company's letterhead)

	Date:	
To, The Managing Director, Maha Mumbai Metro(M <sup>3</sup> ) Operation Corporation Ltd. & Metropolitan Commissioner, MMRDA New Administrative Building, 8 <sup>th</sup> Floor, Bandra-Kurla Complex, Bandra (East), Mumbai - 400 051. MAHARASHTRA.	Ż	
No Objection Cert	tificate	
This is to certify that Shri/Smt./Kumariin this	ied for the post of	_ in MMMOCL as per prevailing ribed criteria as OCL.
We also certify that No Departmental Ennever been penalized in the last 5 years.	quiry is pending, initiated, prop	osed and he/she
This NOC is issued on his/her request.		
Place : Date:		
	Authorized Signatory Name Company seal with a Phone No/Email.id	