



BHAGALPUR SMART CITY LIMITED

APPLICATION FORM

Advertisement No: - BSCL/01/2022

1. Name of the Post Applied for : _____
2. Name of the Applicant : _____
3. Father's / Husband's Name : _____
4. Date of Birth : Date _____ Month _____ Year _____
5. As on 30-07-2022* : Year _____ Month _____ Day _____
6. Category* : UR/BC/EBC/SC/ST: _____
7. Nationality : _____
8. Gender : MALE FEMALE
9. Marital Status : _____
10. Contact No. (telephone) : _____
Mobile (Mandatory) : _____
11. Email (Mandatory) : _____
12. Address (With Pin Code)
 - A. Permanent: _____

 - B. Correspondence: _____



13. Qualification: (Attach Self Attested Photocopy)

Sl. No.	Examination Passed	Name of University/Branch	% of Marks obtained	Years of passing	Remarks
1.					
2.					
3.					
4.					
5.					

14. Details of Experience: (Attached Self Attested photo copy) The Candidate are advised to type relevant entries in the table which may increase height /width of different column/row in this table below as per requirement. If required; candidate can attach a separate sheet.

Sl. No.	Name of the address of Institute/Organization	Post held/Job responsibility	Period		Field of experience	Years of Experience*
			From	to		
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Note – () Mandatory*

15. Any special qualification/experience regarding post applied for:

16. Professional Membership(s) if any :

17. Last Salary drawn :

18. Whether involved in any criminal case / Lawsuit at any time? If yes, please give current status.

19. Please give your views about the following two Statements

i) I want to Join BSCL because

ii) How Would I contribute to BSCL growth?

20. RTGS/NEFT/IMPS Details (if applicable): -

Bank Name _____ Branch Name _____
Amount in Rs. _____ Date _____ D.D. no. _____

21. List of Attached Documents –

- (a) _____
- (b) _____
- (c) _____
- (d) _____
- (e) _____
- (f) _____
- (g) _____
- (h) _____
- (i) _____
- (j) _____
- (k) _____
- (l) _____

DECLARATION

I hereby declare that statements made by me in this form are true and complete. If I am appointed and the company finds at any time that any part of the information given by me is incorrect or false or that I have cancelled any relevant information, I agree that, my appointment shall be liable for termination without any notice or compensation and appropriate legal action can be taken against me.

Place: _____

Date: _____

Signature of the Applicant

*Separate sheets can be used if required.