**BHAGALPUR SMART CITY LIMITED**

**A PPLICATION FORM**

1. Name of the Post Applied for :

Self-Signed Photo

1. Name of the Applicant :
2. Father’s / Husband’s Name :
3. Date of Birth : Date Month Year
4. As on 29-10-2021\* : Year Month Day
5. Category\* : UR/BC/EBC/SC/ST:
6. Nationality :
7. Gender : MALE FEMALE
8. Marital Status :
9. Contact No. (telephone) : Mobile (Mandatory) :
10. Email (Mandatory) :
11. Address (With Pin Code)
	1. Permanent:
	2. Correspondence:
12. Qualification: (Attach Self Attested Photocopy)

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

1. 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. |  |  |  |  |  |  |
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| 10. |  |  |  |  |  |  |

***Note – (\*) Mandatory***

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

Professional Membership(s) if any :

Last Salary drawn :

Whether involved in any criminal case / Lawsuit at any time? If yes, please give current status. Please give your views about the following two Statements

I want to Join BSCL because

ii) How Would I contribute to BSCL growth?

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

Bank Name Branch Name

Amount in Rs. Date D.D. no.

1. List of Attached Documents –
	1.
	2.
	3.
	4.
	5.
	6.
	7.
	8.
	9.
	10.
	11.
	12.

# 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.