



# BHAGALPUR SMART CITY LIMITED

## APPLICATION FORM

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 01-01-2021\* : Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_
6. Category\* : UR/OBC/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:

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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

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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.