



**Hindustan Aeronautics Limited  
Industrial Health Center, Bangalore**

**Appendix A**

Paste Self  
attested recent  
passport size  
photograph

**APPLICATION FOR THE POST OF .....**

Advt No. \_\_\_\_\_ dated \_\_\_\_\_

1	Name (IN BLOCK LETTERS)	
2	Gender	
3	Father's Name	
4	Mother's Name	
5	a) Date of Birth b) Age as on 01.04.2024	a) _____ b) _____
6	State of Domicile and Nationality	
7	Contact/ Mailing Address	Permanent Address
	..... ..... .....  Phone No(with STD Code): Mobile No: Email ID:	..... ..... .....  Phone No(with STD Code): Mobile No: Email ID:
8	Nearest Railway Station	
9	Religion	
10	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
11	Circle the Category [copy of Certificate to be produced at the time of Interview in case of SC/ST/OBC (Non-Creamy Layer/EWS)] a) Caste b) Sub-Caste c) Non-Creamy Layer (for OBC only)	SC / ST / OBC(NCL) / EWS / GEN  a) _____ b) _____ c) Yes / No
12	Are you a Person with Disability (PWD)? If Yes, circle the category of Disability (VD/OD/HD) (copy of Certificate to be produced at the time of Interview)	Yes/ No  VD / OD / HD / Benchmark Disabilities to be mentioned

13	a) Are you an Ex- Serviceman? <i>If yes , mention the last Rank held and the no. of Years served in the Rank.</i>	Yes/No .....
	b) Are you Serving Officer in the Armed forces? <i>If yes, mention the present Rank and the no. of years Completed in the Rank.</i>	Yes/No .....
14	Have you been interviewed by HAL any time earlier? <i>(If yes, please give the details of the post for which you have been interviewed as also date/year/venue)</i> If Yes: Post Interviewed: Date of Interview: Venue of Interview:	Yes/No ..... .....
15	Are any of your close relatives working in HAL? If yes, provide details of Name, Designation, Division, etc.	
16	Have you ever been a Member/Worker of any Political Party/Organization or participated in any Political activities? If 'Yes' please give the following details: a) Name of Political Party /Organization : b) Particulars of Political Activity(if any) : c) Period of Membership (from year)/year of participation in Political Activity d) Nature of Participation in Political Activity e) Office, if any, held in Political Party:	

**17. EDUCATIONAL QUALIFICATION: (Academic and Professional)**

Name of Qualification with specialization wherever applicable.	Institution / University	Nature of the Course (Full Time/ Part Time/ Correspondence)	Duration of the Course	Subjects / Specification	Class / Division	Aggregate % of marks	Month & Year of Passing
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

(Note: Please give full & complete information. Use separate sheets if required)

**18. 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)
(1)	(2)	(3)	(4)

(use separate sheets, if required)

**19. Professional Experience from the First Job onwards to Current Job** (chronological order):

Sl. No	Designation	Organization	Central Govt/ PSU / Private	Date		Pay Scale	Gross Pay	Reasons for Leaving (Including VRS)
				From (dd/mm/yy)	To (dd/mm/yy)			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

(Note: Please give complete details for the experience profile like Date, Month & Year. Use separate sheets if required)

20. Detailed Picture of the Position currently held by you. (To be typed in about 100 words on a separate sheet and enclosed to the application with your name legibly written on the top of the paper)

21. No. of years of Post Professional Qualification Experience you possess (in completed years): \_\_\_\_\_
22. a) Present Scale of Pay \_\_\_\_\_  
 Basic Pay \_\_\_\_\_ DA \_\_\_\_\_ Gross Pay \_\_\_\_\_
23. Date of Seniority (From Date in Present Grade / Post): \_\_\_\_\_
24. Pay Expected: \_\_\_\_\_
25. If selected, how soon can you join? \_\_\_\_\_
26. Pen picture of professional experience, achievements and significant contribution in the field. (To be typed in about 100 words on a separate sheet and enclosed to the application with your name legibly written on the top of the paper)
27. Details of Application fee paid:

Name of the Bank	Branch Code	Transaction Reference/UTR Number	Date	Amount

*I hereby declare that the above statements are true and complete to the best of my knowledge and belief. I understand that in the event the information is found to be false or incorrect, my candidature/appointment may be considered as terminated without any notice.*

Place:

Date:

Signature of the Candidate

Note: The candidate is required to fill up all the columns. Application will be rejected if any column is left blank, not filled or incomplete. No correspondence will be entertained.

The candidate should not attach any documents with the application blank other than the specified one in the application blank/Advertisement.

**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES  
APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA**

This to certify that Shri / Smt / Kumari \_\_\_\_\_, son / daughter of \_\_\_\_\_, of Village / Town \_\_\_\_\_ in District / Division \_\_\_\_\_ in the State / Union Territory \_\_\_\_\_ belongs to the \_\_\_\_\_ Community which is recognized as a Backward Class under the Government of India, Ministry of Welfare, Resolution No. 12011/68/93-BCC (C), dated 10<sup>th</sup> September, 1993, published in the Gazette of India, Extraordinary, Part-I. Selection I, dated the 13<sup>th</sup> September, 1993\*. Shri / Smt / Kumari \_\_\_\_\_ and / or his/her family ordinarily reside(s) in the \_\_\_\_\_ District / Division of the \_\_\_\_\_ State/Union Territory. This is also to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in column 3 of the Schedule to the Government of India, Department of Personnel and Training. O.M No 36012/22/93- Estt. (SCT), dated 8-9-1993\*.

**District Magistrate,  
Deputy Commissioner, etc**

Dated:

SEAL

\* as amended from time to time

Note: The term 'Ordinarily' used here will have the same meaning as in Section 20 of the Representation of the people's Act, 1950

**FORM OF CERTIFICATE TO BE PRODUCED BY THE CANDIDATES BELONGING TO SCHEDULED CASTE/SCHEDULED TRIBE**

This is to certify that Shri/ Shrimathi\*/ Kumari\* \_\_\_\_\_ Son/daughter\* of \_\_\_\_\_ of \_\_\_\_\_ Village/town\* \_\_\_\_\_ in District/Division\* \_\_\_\_\_ of the State/Union Territory\* \_\_\_\_\_ belongs to the \_\_\_\_\_ Caste/ Tribe which is recognized as a Scheduled Caste / Scheduled Tribe\* under:

- \*The Constitution (Scheduled Castes) order 1950
- \*The Constitution (Scheduled Tribes) order 1950
- \*The Constitution (Scheduled Castes)(Union Territories) order 1950
- \*The Constitution (Scheduled Tribes) (Union Territories) order 1951

{As amended by the Scheduled Castes and Scheduled Tribes lists( Modification Order, 1956, the Bombay Reorganization act, 1960, the Punjab Reorganization Act, 1966, the state of Himachal Pradesh Act 1970, the North-Eastern areas ( Reorganization) Act, 1971 and the Scheduled Castes and Scheduled Tribes orders (Amendment) Act 1976}

- \*The Constitution ( Jammu and Kashmir) Scheduled Castes order 1956
- \*The Constitution (Andaman and Nicobar Islands) Scheduled Tribes order 1959 as amended by the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act 1976;
- \*The Constitution ( Dadra and Nagar Haveli) Scheduled Castes order 1962
- \*The Constitution ( Dadra and Nagar Haveli) Scheduled Tribes order 1962
- \*The Constitution ( Pondicherry) Scheduled Castes order 1964
- \*The Constitution (Scheduled Tribes) (Uttar Pradesh) order 1967
- \*The Constitution ( Goa, Daman and Diu) Scheduled Castes order 1968
- \*The Constitution ( Goa, Daman and Diu) Scheduled Tribes order 1968
- \*The Constitution ( Nagaland) Scheduled Tribes order 1970
- \*The Constitution ( Sikkim) Scheduled Castes order 1978

2. Shri / Shrimathi/ Kumari\* \_\_\_\_\_ and/or \* his/her\* family ordinarily reside(s) in village/town\* \_\_\_\_\_ of \_\_\_\_\_ District/Division\* of the state/Union Territory\* of \_\_\_\_\_

Signature \_\_\_\_\_

Designation \_\_\_\_\_

(With seal of office)

Place \_\_\_\_\_

State / Union Territory

Date \_\_\_\_\_

\* Please delete the words, which are not applicable

**Note :** The term " Ordinarily resides" used here will have the same meaning as in section 20 of the Representation of the People Act 1950.

Government of .....

(Name & Address of the authority issuing the certificate)

**INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS**

Certificate No. Date:

VALID FOR THE YEAR

This is to certify that Shri/Smt./Kumari\_son/daughter/wife of

\_\_\_\_\_Permanent resident of\_Village/Street

Post Office\_District in the State/Union Territory

\_\_\_\_\_ Pin Code whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income\* of his/her "family"\*\*\* is below Rs.8 lakh (Rupees Eight Lakh only) for the financial year\_. His/her family does not own or possess any of the following assets \*\*\*.

- I 5 acres of agricultural land and above.
- II Residential flat of 1000 sq. ft. and above.
- III Residential plot of 100 sq. yards and above in notified municipalities.
- IV Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari belongs to the caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List).

Signature with seal of office

Name Designation

Recent Passport  
size attested  
photograph of  
the applicant

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\* **Note 1:** Income covered all sources i.e., salary, agriculture, business, profession etc.

\*\***Note 2:** The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and sibling below the age 18 years as also his/her spouse and children below he age of 18 years.

\*\*\***Note 3:** The property held by a "Family" in different locations or different places / cities have been clubbed while applying the land or properly holding test to determinate EWS status.

**CERTIFICATE OF DISABILITY (Form -V)**

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in case of blindness) [See rule 18(1)]  
 (Name and Address of the Medical Authority issuing the Certificate)

Recent Passport size  
 attested Photograph  
 (showing face only) of the  
 Person with Disability

Certificate No. \_\_\_\_\_

Date: \_\_\_\_\_

This is to certify that I have carefully examined Shri/Smt./Kum. \_\_\_\_\_ son/wife/daughter of Shri \_\_\_\_\_ Date of Birth (DD/MM/YY) \_\_\_\_\_ Age \_\_\_\_\_ years, male/female \_\_\_\_\_ registration No. \_\_\_\_\_ Permanent resident of House No. \_\_\_\_\_ Ward/Village/Street \_\_\_\_\_ Post Office \_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_, whose photograph is affixed above, and am satisfied that:

- (A) he/she is a case of:
- locomotors disability
  - dwarfism
  - blindness
- (Please tick as applicable)

(B) the diagnosis in his/her case is \_\_\_\_\_

(A) he/she has \_\_\_\_\_ % (in figure) \_\_\_\_\_ percent (in words) permanent locomotors disability/dwarfism/blindness in relation to his/her \_\_\_\_\_ (part of body) as per guidelines (.....number and date of issue of the guidelines to be specified).

2. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

**(Signature and Seal of Authorised Signatory of Notified Medical Authority)**

Signature/thumb impression of the person in whose favour certificate of disability is issued

**CERTIFICATE OF DISABILITY** (Form VI)

(In case of multiple disabilities) [See rule 18(1)]  
 (Name and Address of the Medical Authority issuing the Certificate)

Recent Passport size attested Photograph (showing face only) of the Person with Disability
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Certificate No. \_\_\_\_\_

Date \_\_\_\_\_

This is to certify that we have carefully examined Shri/Smt./Kum. \_\_\_\_\_ son / wife / daughter of Shri \_\_\_\_\_ Date of Birth (DD/MM/YY) \_\_\_\_\_ Age \_\_\_\_\_ years, male / female \_\_\_\_\_

Registration No. \_\_\_\_\_ Permanent resident of House No. \_\_\_\_\_ Ward / Village / Street \_\_\_\_\_ Post Office \_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_, whose photograph is affixed above, and am satisfied that:

(A) He/she is a case of Multiple Disability. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (.....number and date of issue of the guidelines to be specified) for the disabilities ticked below, and is shown against the relevant disability in the table below:

Sl. No.	Disability	Affected part of body	Diagnosis	Permanent physical impairment / mental disability (in %)
1.	Locomotors disability	@		
2.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Dwarfism			
5.	Cerebral Palsy			
6.	Acid attack Victim			
7.	Low vision	#		
8.	Blindness	#		
9.	Deaf	£		
10.	Hard of Hearing	£		
11.	Speech and Language disability			
12.	Intellectual Disability			
13.	Specific Learning Disability			
14.	Autism Spectrum Disorder			

15.	Mental illness			
16.	Chronic Neurological Conditions			
17.	Multiple sclerosis			
18.	Parkinson's disease			
19.	Haemophilia			
20.	Thalassemia			
21.	Sickle Cell disease			

(B) In the light of the above, his/her over all permanent physical impairment as per guidelines (.....number and date of issue of the guidelines to be specified), is as follows :-

In figures: - ----- percent

In words: - ----- percent

2. This condition is progressive/non-progressive/likely to improve/not likely to improve.

3. Reassessment of disability is:

(i) not necessary, or

(ii) is recommended /after..... year..... months and therefore this certificate shall be valid till -----

(DD) (MM) (YY)

@ e.g. Left/right/both arms/legs

# e.g. Single eye

£ e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:-

Nature of document	Date of issue	Details of authority issuing certificate

**5. Signature and seal of the Medical Authority.**

Name and Seal of Member	Name and Seal of Member	Name and Seal of the Chairperson

Signature/thumb impression of the person in whose favor certificate of disability is issued
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**CERTIFICATE OF DISABILITY** (Form VII)

(In cases other than those mentioned in Forms V and VI)

(Name and Address of the Medical Authority issuing the Certificate)

[See rule 18(1)]

Recent Passport size  
attested Photograph  
(showing face only) of  
the Person with  
Disability

Certificate No.

Date:

This is to certify that I have carefully examined Shri/Smt/Kum \_\_\_\_\_ son/wife/daughter of Shri \_\_\_\_\_ Date of Birth (DD/MM/YY) \_\_\_\_\_ Age \_\_\_\_\_ years, male/female \_\_\_\_\_ Registration No. \_\_\_\_\_ permanent resident of House No. \_\_\_\_\_ Ward/Village/Street \_\_\_\_\_ Post Office \_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_, whose photograph is affixed above, and am satisfied that he/she is a case of \_\_\_\_\_ disability. His/her extent of percentage physical impairment/disability has been evaluated as per guidelines (.....number and date of issue of the guidelines to be specified) and is shown against the relevant disability in the table below:-

Sl. No.	Disability	Affected part of body	Diagnosis	Permanent Physical impairment/mental disability (in %)
1.	Locomotors disability	@		
2.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Cerebral Palsy			
5.	Acid attack Victim			
6.	Low vision	#		
7.	Deaf	€		
8.	Hard of Hearing	€		
9.	Speech and Language disability			
10.	Intellectual Disability			
11.	Specific Learning Disability			
12.	Autism Spectrum Disorder			
13.	Mental illness			
14.	Chronic Neurological Conditions			

15.	Multiple sclerosis			
16.	Parkinson's disease			
17.	Hemophilia			
18.	Thalassemia			
19.	Sickle Cell disease			

(Please strike out the disabilities which are not applicable)

2. The above condition is progressive/non-progressive/likely to improve/not likely to improve.

3. Reassessment of disability is:

(i) not necessary, or

(ii) is recommended/after \_\_\_\_\_ years \_\_\_\_\_ months, and therefore this certificate shall be valid till (DD/MM/YY) \_\_\_\_\_

@ - eg. Left/Right/both arms/legs

# - eg. Single eye/both eyes

€ - eg. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:-

Nature of document	Date of issue	Details of authority issuing certificate

**(Authorised Signatory of notified Medical Authority)**

(Name and Seal)

**Countersigned**

{Counter signature and seal of the Chief Medical Officer/ Medical Superintendent/ Head of Government Hospital in case the Certificate is issued by Medical Authority who is not a Government Servant (with seal)}
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Signature/thumb impression of the person in whose favour certificate of disability is issued
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Note-In case the Certificate is issued by a medical authority who is not a Government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District.