

AERONAUTICAL DEVELOPMENT AGENCY**APPLICATION FORM FOR THE POST OF PROJECT ASSISTANT-I
WALK-IN-INTERVIEW**

Affix your latest
passport size
photograph

Engineering Discipline/ Stream: _____

Criteria No. (as per Advertisement)

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1. Name in full (Block letters) (As per SSLC/ 10 th Certificate)	
2. Father's Name (Block letters)	
3. Mother's Name	
4. Date of Birth (as per 10 th / SSLC certificate (DD/ MM/ YYYY)	
5. Age as on date of walk-in-interview	
6. Gender (Male / Female / Others)	
7. Nationality	
8. (a) Category (Attach Self-Attested Copy of Certificate)	SC/ ST/ OBC/ EWS/ Unreserved
(b) Physically Handicapped	Yes / No
9. Are you claiming Age relaxation as per Sl. No. 8	Yes/ No
10. Address for Communication with PIN Code	
	Mobile No:
	Email Id :

11. Educational Qualification (attach relevant copies) :

Details of Courses and Specialization	Period of course		Total Marks Obtained	Total Marks	% / CGPA Score	Board/ University/ Institution
	From (MM/YY)	To (MM/YY)				
SSLC/ Matriculation/ 10 th Std.						
10 + 2 / PUC/ Intermediate/ Diploma						
Graduation (BE / B.Tech / B.Sc)						
Post Graduation (ME / M.Tech / M.Sc)						

(P.T.O)

12. Are you having GATE/NET Score Card? Yes/ No (If Yes, Please attach valid Score Card/ Certificate)				
Year	Score	Marks	Rank	Registration No.

13. Details of Employment (in Chronological Order) (attach relevant copies)						
Name of the Organisation & Place (Please specify whether Central Govt./ State Govt. / Public Sector/ Autonomous Body/ Private Sector)	Position(s) held	Period		Nature of Work	Gross Pay Scale	Whether working on regular basis/ contractual basis/ Adhoc basis etc.
		From (MM/YY)	To (MM/YY)			

14. Any other information:	
15. Are you under any Bond / Contractual obligation to serve Central/ State Govt/ PSU/ Autonomous or any other body/ Organization	
16. Whether dismissed from service from any other institution/ office or debarred by the Public Service Commission. If Yes, give details	

- I hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief.
- I understand that in the event of any information being found false or incorrect at any stage, my candidature/ appointment shall be liable to be cancelled/ terminated summarily without notice or any compensation in lieu thereof.

Place:
Date:

Signature:
Name: