

17. Details of educational and other qualifications starting from X Standard/SSLC:

Examination passed	Name of School/ College	Name of Recognized University/ Board of Examination	Marks obtained/ Total Marks	Percentage of Marks (%)
SSLC/Xth STANDARD				
NTC/NAC*				

* In case of possessing both NTC and NAC, only the details of NTC to be written.

18. Details of Apprenticeship training at AVNL Group of Units:

Name of Unit/Factory	Name of Trade	Training period		NCTVT Batch No.	Year of passing	Certificate No. & Date of issue
		From	To			

19. Details of present employment/ previous experience, if any:

Company Details	Designation	Period From	Period To	Nature of Duties

20. Check list of enclosures refer para 12.2

DECLARATION

I, Shri/Smt./Kum. _____ have read the instructions carefully before sending this application. I hereby declare that all the statements made in this application are correct to the best of my knowledge and belief. I understand that any discrepancy found in the information will lead to cancellation of my candidature / debarment at any time.

Date :

Place :

Signature of the Candidate

APPENDIX– A

OTHER TERMS AND CONDITIONS:

1.0 Medical Fitness:

Candidates are also instructed to obtain Medical Fitness Certificate from Asst. Civil Surgeon / Civil Surgeon of a Govt. Hospital/CGHS/CGHS recognized Hospital of the parameters which needs to be physically tested. The sample tests which is mandatory required to be performed by the candidate to be declared as FIT is also enclosed as Annexure - 5.

2.0 Verification of Character and Antecedents:

The Candidates are requested to obtain Online Police Verification Report (PVR). Engagement shall be on the basis of satisfactory verification of character and antecedents by the Police Authorities. Such verification, if considered necessary shall also be obtained subsequently at any time of employment during the course of engagement by HVF.

3.0 Liability of Service:

- 3.1 He/she shall be posted to HVF, Avadi. However, he/she also liable to be transferred to any of Unit, Project, Establishment, Office or any other place or location or job where he/she may be posted for the Company's work in any part of the country as may be required by the competent authority.
- 3.2 The Candidate shall also be sent on Temporary Duty to anywhere in India for Company's work for which Travelling Allowance and Daily Allowance shall be paid by Company.
- 3.3 The Candidate shall be liable to be called upon by the Management at any point of time based on exigencies of work for which no overtime or extra payment shall be paid. However, a Compensatory Off will be allowed as per Company Rules.

4.0 Hours of Work:

- 4.1 He/she shall comply with such instructions as are issued from time to time relating to attendance, reporting for work in time and out etc. including hours of work and shall be at work at the time fixed and notified by the competent authority failure to comply will constitute actionable by management liable for termination.
- 4.2 They will work on full time basis and on all working days as applicable or in operation in the Company. They may also be required to work beyond the normal working hours and on holidays too, in case of functional requirement.
- 4.3 Attendance shall be marked daily according to the method prescribed by the management from time to time.
- 4.4 Absence from duty including absence due to late coming, shall be reckoned as follows:
 - (i) Who does not report for duty on time may not be taken on work, and his absence for the day will be treated as leave with or without pay or as absence from duty.
 - (ii) Nothing in this provision shall prejudice the right of the management for deduction of wages for the period of absence and for taking penal action against the delinquent worker as decided by the Competent Authority.

5.0 Holidays & Balance of Leaves:

- 5.1 The list of festival/closed holidays shall be as notified by the management.
- 5.2 Two and half days leaves every month will be credited. In case of absence from work over and above the stated weekly off, leave and holidays, proportionate amount will be deducted from the monthly remuneration.
- 5.3 However, the leave at credit only can be taken not on advance in anticipation of service to be rendered.
- 5.4 The fixed tenure Candidate are not allowed to carry forward the leave balance at the end of the year.

5.5 Unutilized leaves to the extent of 50% of the total entitled leaves i.e. maximum 15 leaves may be encashed at the end of their one year service contract taking into account monthly consolidated pay @ 30 days in a month.

6.0 Deduction or recovery from remuneration: Apart from the statutory deductions and contributions, the following shall be deducted for the following purposes:

6.1 For amenities and services supplied by the Company;

6.2 For recovery of advances or for adjustment of over-payments, if any.

6.3 Income Tax or any other Statutory Tax levied by the Government or any other statutory dues;

6.4 Deduction required to be made by orders of a Court or other authority competent to make such order;

6.5 Deduction of amounts due to the Company from the worker on any account;

6.6 Any other deductions made with the written authorization of the worker concerned;

6.7 Fines

6.8 For unauthorized absence from duty;

6.9 For damage to or loss of goods expressly entrusted to the worker for custody or for loss of money for which he/she is required to account.

7.0 Performance Evaluation:

7.1 The performance will be evaluated every month. After one year, if extended, the performance would be monitored quarterly. However, without prejudice to above at any point of time, if the performance of a candidate is not satisfactory, he is liable for termination.

7.2 During tenure of this engagement, the Candidates will wholly devote to work assigned to them and will not undertake any other employment either on full or part time basis. Any violation of this condition will entail immediate termination of their services.

8.0 Disqualification: Candidates will have to give a declaration that there is nothing adverse against them either presently or in the past which would disqualify them for being engaged in service. Following shall constitute disqualification for engagement.

8.1 Insolvency

8.2 Pendency of investigation/trial in relation to a criminal offence.

8.3 Conviction by Court of Law for criminal offence.

8.4 Dismissal/termination from the services in their previous employment(s) pursuant to disciplinary action.

9.0 Secrecy:

9.1 The incumbent will maintain all information/ documents/ materials gathered during the course of the engagement in strict confidence. He/ she will not copy or make notes of such information/ documents except in connection with the work for the Company. He/ she will not divulge to anyone outside the Company or use any of the information/ documents/ materials gathered during the course of engagement for his/ her own or anyone else's benefit, either during or after the terms of engagement with the Company. The aforesaid obligation shall also apply to proprietary/ confidential information/ documents of third parties received by him/her or the Company in the normal course of the engagement with the Company.

9.2 The incumbent shall, while demitting the Office, handover all information/documents/ materials under his/ her possession, during the engagement period, to the immediate Reporting Authority.

10.0 HEAD OF UNIT's DECISION FINAL:

The decision of the Head of Unit, shall be final in all matters relating to eligibility, acceptance or rejection of applications, penalty for false information, mode of selection, conduct of interviews, selection on engagement of selected Candidates will be final and binding on the Candidates and no query / correspondence will be entertained in this regard.

FORMAT FOR SC/ST CERTIFICATE

(The format of the certificate to be produced by Scheduled Castes and Scheduled Tribes Candidates applying for appointment to posts under Government of India)

This is to certify that Shri/Shrimati/Kumari* _____ son/daughter of _____ of village/town/* in District/Division _____ of the State / Union Territory* _____ belongs to the Caste/Tribes _____ which is recognized as a Scheduled Castes/Scheduled Tribes* under: -

The Constitution (Scheduled Castes) order, 1950 _____

The Constitution (Scheduled Tribes) order, 1950 _____

The Constitution (Scheduled Castes) Union Territories order, 1951 * _____

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 Area(Reorganization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Order(Amendment) Act, 1976.

The Constitution (Jammu & Kashmir) Scheduled Castes Order, 1956 _____

The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959 as amended by the Scheduled Castes and Scheduled Tribes order (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 & Diu) Scheduled Castes Order, 1968@ The Constitution (Goa, Daman & Diu) Scheduled Tribes Order 1968 @ The Constitution (Nagaland) Scheduled Tribes Order, 1970 @

The Constitution (Sikkim) Scheduled Castes Order 1978@

The Constitution (Sikkim) Scheduled Tribes Order 1978@

The Constitution (Jammu & Kashmir) Scheduled Tribes Order 1989@ The Constitution (SC) orders (Amendment) Act, 1990@

The Constitution (ST) orders (Amendment) Ordinance 1991@

The Constitution (ST) orders (Second Amendment) Act, 1991@

The Constitution (ST) orders (Amendment) Ordinance 1996

The Scheduled Caste and Scheduled Tribe Orders (Amendment) Act 2002.

The Constitution (Scheduled Caste) Orders(Amendment) Act 2002.

The Constitution (Scheduled Caste and Scheduled Tribe) Orders(Amendment) Act 2002.

The Constitution (Scheduled Caste) Order (Amendment) Act 2007.

%2. Applicable in the case of Scheduled Castes, Scheduled Tribes persons who have migrated from one State/Union Territory Administration.

This certificate is issued on the basis of the Scheduled Castes/ Scheduled tribes certificate issued to Shri/Shrimati _____ Father/mother _____ of Shri/Srimati/Kumari* _____ of village/town* _____ in District/Division* _____ of the State/Union Territory* _____ who belong to the _____ Caste/Tribe which is recognized as a Scheduled Caste/Scheduled Tribe in the State/Union Territory* issued by the _____ dated _____.

%3. Shri/Shrimati/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 _____
Date _____

*Please delete the words which are not applicable @ Please quote specific presidential order

% Delete the paragraph which is 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.

****List of authorities empowered to issue Caste/Tribe Certificates:**

- (i) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/ Additional Deputy Commissioner/Dy. Collector/1st Class Stipendiary Magistrate/Sub-Divisional Magistrate/Extra Assistant Commissioner/Taluka Magistrate/Executive Magistrate.
- (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate/ Presidency Magistrate
- (iii) Revenue Officers not below the rank of Tehsildar.
- (iv) Sub-Divisional Officers of the area where the candidate and/or his family normally resides.

NOTE: ST Candidates belonging to Tamil Nadu state should submit Caste Certificate only from the REVENUE DIVISIONAL OFFICER.

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

This is to certify that Shri/Smt./Kum* _____ son/daughter of
_____ of _____ village
_____ District/Division _____ in the
_____ State _____ belongs to the
_____ Community which is recognized as a backward class under:

- i) Resolution No. 12011/68/93-BCC dated the 10th September, 1993, published in the Gazette of India Extraordinary – Part I, Section I, No. 186 dated 13th September, 1993.
- ii) Resolution No. 12011/9/94-BCC, dated 19.10.1994 published in Gazette of India extraordinary Part I Section I No. 163, dated 20th October, 1994.
- iii) Resolution No. 12011/7/95-BCC dated the 24th May 1995 Published in the Gazette of India extraordinary Part-I Section I No. 88 dated 25th May, 1995.
- iv) Resolution No.12011/96/94-BCC dated 9th March, 1996.
- v) Resolution No. 12011/44/96-BCC, dated the 6th December, 1996, published in the Gazette of India – Extraordinary-part I, Section-I, No. 210, dated the 11th December, 1996.
- vi) Resolution No.12011/13/97-BCC dated 3rd December, 1997.
- vii) Resolution No.12011/99/94-BCC dated 11th December, 1997.
- viii) Resolution No.12011/68/98-BCC dated 27th October, 1999.
- ix) Resolution No.12011/88/98-BCC dated 6th December, 1999, published in the Gazette of India, Extra Ordinary Part-I, Section-I No.270, 6th December, 1999.
- x) Resolution No.12011/36/99-BCC dated 4th April, 2000, published in the Gazette of India, Extra Ordinary Part-I, Section-I, No.71 dated 4th April, 2000.
- xi) Resolution No.12011/44/99-BCC dated 21.9.2000, published in the Gazette of India, Extra Ordinary Part-I, Section-I, No.210 dated 21.9.2000.

Shri/Smt./Kum. _____ and/or his family ordinarily reside(s) in the
_____ District/Division of the _____
State.

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 and modified vide Govt. of India, DOP&T O.M.No.36033/3/2004 dated 09.03.2004 and 14.10.2008.

District Magistrate or
Deputy Commissioner etc.

Dated:

Seal:

NOTE - I:

- (a) The term 'Ordinarily' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
- (b) The authorities competent to issue Caste Certificate are indicated below: -
 - (i) District Magistrate/Additional Magistrate/Collector/Dy. Commissioner/Additional Deputy Commissioner/Deputy Collector/1st Class Stipendiary Magistrate/ Sub-Divisional Magistrate/Taluka Magistrate/ Executive Magistrate/Extra Assistant Commissioner (not below the rank of 1st Class Stipendiary Magistrate).
 - (ii) Chief Presidency Magistrate /Additional Chief Presidency Magistrate/ Presidency Magistrate.
 - (iii) Revenue Officer not below the rank of Tehsildar.
 - (iv) Sub-Divisional Officer of the area where the candidate and/or his family resides.

NOTE - II:

The closing date for receipt of application will be treated as the date of reckoning for OBC status of the candidate and also, for assuring that the candidate does not fall in the creamy layer.

The OBC Candidates should furnish the relevant OBC Certificate in the prescribed format prescribed for Central Government jobs issued by the competent authority on or before the Closing Date as stipulated in the Notice.

Government of _____
(Name & Address of the authority issuing the certificate)

**INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY
ECONOMICALLY WEAKER SECTIONS (EWS)**

Certificate No. _____

Date: _____

VALID FOR THE YEAR 2025-26

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 lakhs (Rupees
Eight Lakhs only) for the financial year **2024-25**. 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 GENERAL (EWS) caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List).

**Recent Passport
size
Attested
Photograph of
the Applicant**

Signature with seal of Office _____

Name _____

Designation _____

***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 siblings below the age of 18 years as also his/her spouse and children below the 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 property holding test to determine EWS status.

Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs and in cases 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:

- locomotor disability
 - dwarfism
 - blindness
- (Please tick as applicable)

(B) the diagnosis in his/her case is

(C) He/ She has% (in figure) percent (in words)
permanent Locomotor 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/ Thumb
impression of the
person in whose
favour certificate
of disability
certificate is
issued.

(Signature and Seal of Authorised Signatory of
notified Medical Authority)

Certificate of Disability
(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

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 are 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 shown against the relevant disability
in the table below:

S. No	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor 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 years..... 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

<p>Signature/ Thumb impression of the person in whose favour certificate of disability is issued.</p>

Certificate of Disability

(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 (to be specified) and is shown against the relevant disability in the table below: -

S. No	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor 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			

(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 (Countersignature and seal of the Chief Medical Officer/Medical Superintendent/ Head of Government Hospital, in case the certificate is issued by a medical authority who is not a government servant (with seal))

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

Note: In case this 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.

Note: The principal rules were published in the Gazette of India by Ministry of Social Justice and Empowerment vide notification number 489, dated 15.06.2017.

MEDICAL EXAMINATION REPORT

Name:	Grade / Post	:	
Age:	Date of Examination	:	
DOB:	Sex: M/F	Height	cms : Weight: Kg
Marital Status: Married / Unmarried	Ideal Weight	:	
Identification Marks:			
01.			
02.			
01. General Appearance:	Female Cases	:	
Chest-Normal :	a) Period	:	
Inspiration :	b) LMP	:	
02. Apparent Deformity, if any	EYES	:	
BP :	Vision	:	
Pulse :	Acuity of Vision	:	RE LE
Skin :	Distant Vision	:	
Lymphenodes :	Near Vision	:	
Heart :	Colour Vision	:	
Lungs :	Any others	:	
Abdomen :			
Liver :	EARS		
Spleen :	Hearing	:	
Teeth & Gum :	Normal/Defection	:	
Skeletal :			
Upper Extremity :	ANY OTHERS		
Lower Extremity :	Hernia	:	
Spine :	Hydrocele	:	
	Piles/Fissures	:	
	Genitalia	:	
	INVESTIGATION		
Any other findings :	Urine	:	
	Sugar	:	
X-Ray Chest RA View	Alb	:	
	Blood Group	:	
Blood Sugar (Fasting)	Hb%	:	

Remarks: FIT/TY. UNFIT/UNFIT

Signature of Medical Officer
Date