

## Application Proforma

<b>National Land Monetization Corporation</b> (a wholly owned Government of India company) Application for the Post of ..... Cir. No. Rect/01/2023					<b>Photo of the Applicant</b>		
Name (In Block letters)							
E-Mail Id							
Contact No.							
Gender							
Date of Birth (dd/mm/yyyy)							
Age as on the date of Circular							
Nationality							
Postal Address							
Permanent Address							
Educational Qualification (In chronological order)							
Sl. No.	Name of Degree/ Diploma or examination passed	Name of Board/ University/ Institution	Period of Study Of Degree/Diploma		Course Type (Full/ Part Time)		
			From	To			
Details of Post Qualification Experience (In chronological order)							
Sl. No.	Name of the Organisation	Designation	From date	To date	Total period (In years & months)	Job description	Salary drawn

I certify that the information furnished above is true, complete and correct to the best of my knowledge & belief. If at any stage, any information is found to be false or in correct, my candidature may be cancelled and my appointment if made, shall stand terminated without any notice and compensation.

Place:

Date:

Signature of applicant

*Note: Please attach a copy of your ID proof along with proof of educational qualification, work experience and last pay certificate as stated above.*

## **Verification**

**(To be filled in by other than Private Sector Applicants)**

It is certified that the above particulars furnished above have been scrutinized and found to be correct as per official records.

It is also certified: -

1. The officer is holding post/ analogous post on regular basis.
2. That there is no vigilance/disciplinary case or criminal case pending or contemplated against Shri/Smt .....
3. That his/her integrity is certified.
4. That no major/minor penalty has been imposed on him/her during his/her tenure with the Ministry/Department/Company.
5. That the employer has no objection to the consideration of the applicant for the post applied for.
6. The APAR rating for the last five years in respect of the officer (wherever applicable)

Place:

Date:

Signature & Designation  
of Cadre Controlling Authority  
With telephone No. & E-mail address