OIL INDUSTRY DEVELOPMENT BOARD (Ministry of Petroleum & Natural Gas)

Please read the instructions before filling this form and use separate sheet if the space is insufficient.

<u>Application Form</u>

	For Office Use	
	Application No.:	Affix Recent
	Received on:	Passport Size attested Photograph
1. 2. 3.	Name of the Post Name of the Applicant (in BLOCK lette Father's / Husband's Name	: Financial Adviser & Chief Accounts Officer ers):
4.	Date of Birth	Sex :
5. 6. 7. 8. 9.	Age Nationality Religion Place of Birth Marital Status Whether SC/ST/OBC	DD MM YY Years Months Days
11.	Address for Communication	· (
12.	Contact Phone No. with STD code	Pin Code
	Email Address	
13.	Present Designation, Level & Office Address	
		Pin Code

Educational Qualification: Examination Institute/ Regular Pvt. Main subject of Year University/Organi Marks Passed Passing zation School High level Intermediate level Gradation level Post Gradation level

15. Details of Training courses sponsored by Department:

Any

educational qualification Training courses

sponsored by Department

other

Institute/ University/Organization	Duration	Attainment

16. Particulars of all previous and present employment & experience are to be furnished:

	Name & address of employer	Post held		Permanent Or Temporary	Whether Central/ State Govt./PSU/ Autonomous/ Aided Institution.	Duration of service		Type of Work	field of experien
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- 17. Any other relevant information:
- Applicants must send their applications through proper channel along with latest five years APARs, Vigilance Clearance Report, Integrity, major/minor penalties certificate and Cadre clearance as per the latest prescribed format of Govt. of India.
- 19. Other list of Documents to be attached with the application:
 - i). Attested copy of Date of Birth Certificate.
 - ii). Attested copy of the particulars of all previous and present employment.
 - iii). Attested copy of Educational Qualifications Certificates
 - iv). Attested copy of Experience Certificate(s)

20. Declaration:

I declare that all information supplied by me, as above are true, complete and correct to the best of my knowledge and belief. I also fully understand that in the event of any information being found false or incorrect, my candidature may be summarily rejected or employment terminated.

Name & Signature of Candidate

Place:

Date: