



HINDUSTAN SHIPYARD LIMITED
GANDHIGRAM (PO), VISAKHAPATNAM-530005
APPLICATION FOR EMPLOYEMENT

Name of the Post Applied for _____

Advertisement No. (as stated in the Advertisement):

DEMAND DRAFT DETAILS

BANK NAME

BANK ID(MICR NO)

DEMAND DRAFT NUMBER

AMOUNT

DATE OF ISSUE (dd/mm/yy)

Latest Passport
size photograph

Name (in Full) (Surname last):		Father's / Husband Name :	
Date of Birth:		Gender: Male/ Female	
		Marital Status: Married/ Unmarried	
Permanent Address with Phone No.		Address for Communication with Phone No.& E-mail:	
Languages Known To speak : To read : To write : Mother Tongue :		Identification Marks: 1. 2.	
Employment Regd.No. : If Internal Employee, give Badge No.:		Height : Weight:	Chest -- Min: Max:
Whether belongs to SC / ST / OBC / PH : (Relevant certificate is to be enclosed)		Whether belongs to Ex-serviceman/ Minority :	
Nationality :		Religion :	
Do you have any relatives working in HSL? (Yes / No) If yes, give details.			

(Contd...2)

:2:

Have you ever attended for Interview with HSL before? If Yes, give details	
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QUALIFICATIONS :

SNo	Qualification	Name of the University / Board	Year of Passing	Class / Division*	% of Marks*
1					
2					
3					
4					
5					

* Proof for Class/ Division and percentage of marks should be furnished

Specify Computer Skills if any:	
Sports, Games, etc.:	

PREVIOUS EXPERIENCE, IF ANY :

SNo	Name of the Employer & Place of working	Designation with Scale Code	From dd/mm/yy	To dd/mm/yy	Pay Scale & Last Pay Particulars	Reasons for leaving the Service
1						
2						
3						
4						
5						

Note: Please attach separate sheet for details of Nature of duties performed in each assignment

(Contd...3)

:3:

Have you ever been convicted of a criminal offence or been dismissed from employment?	
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REFERENCES (give full address with phone number) :	
1.	2.

TRAINING / SEMINAR PARTICULARS :

SNo	Field /Training Description	Duration		Indian/ Foreign	Venue	Conducted by / Sponsored by
		From	To			
1						
2						
3						
4						
5						

PROFESSIONAL INSTITUTION MEMBERSHIP :

SNo	Institution	Membership Type	Entry Date	Expiration Date	Subscription	Sponsored
1						
2						
3						
4						
5						

I hereby declare that the above information is correct.

Date : _____

SIGNATURE OF THE APPLICANT

List of Certificates to be enclosed.

Proof of Date of Birth, qualification and experience and other certificates as required should be enclosed by the applicant.