## **Dedicated Freight Corridor Corporation of India Limited**

(A Government of India Enterprises)
(APPLICATION FORMAT)

Important Notes: (i) Before filling this form, read the instructions carefully. (ii) All entries should be made in capital letters. (iii) The Application to be made strictly in the following format and to be filled in ENGLISH Language only.

## Application for the post of Manager(Law) 2014

1. Candidate's Name (in capital letters) (please keep one box blank between name, middle name & surname)

b) Period of appointment on deputation/contract:

	her's/Husband's Nam	e (in capital letters	s) (please	keep one b	ox blank b	etween r	name, m	niddle na	me & s	surna	me)			
at	e of Birth :	Y MONTH Y	ŒAR		4	l. Date	e of Re	tireme	nt:	YE	EAR	MONT	] [ ]H	DAYS
at	e of regular appointn	nent in the prese	nt organi	ization:										
du	ucational Qualification (Academic & Professional) possessed by the officer:													
	Examination passed	Name of the Institute / University			Maximum Marks		Year of Marks Passing Obtained		I	%age of marks (upto 2 decimals)				
	tails of employment i low is insufficient.	n chronological c	order. En	nclose a s	eparate	sheet o	duly au	ıthentio	cated	by y	our si	ignat	ure,	if the s
		n chronological c		nclose a s		sheet o	-		cated	by y			-	if the s
	low is insufficient.	_	Desigr			od of Sei	-	Expe			Cle natu Also of	early i ure of ment	ndica expe ion the	te the erience. ne name t/unit
	low is insufficient.  Name and Address	_	Desigr	nation &	Perio	od of Sei	rvice	Expe	Total rience		Cle natu Also of	early i ure of ment	ndica expe ion the	te the erience. ne name t/unit
	low is insufficient.  Name and Address	_	Desigr	nation &	Perio	od of Sei	rvice	Expe	Total rience		Cle natu Also of	early i ure of ment	ndica expe ion the	te the erience. ne name t/unit
	low is insufficient.  Name and Address	_	Desigr	nation &	Perio	od of Sei	rvice	Expe	Total rience		Cle natu Also of	early i ure of ment	ndica expe ion the	te the erience. ne name t/unit
be	Name and Address of Employer	Department	Desigr scale	nation & of pay	Perio	od of Sei	rvice To	Expe	Total erience ears	in	Cle natu Also of	early i ure of ment	ndica expe ion the	te the erience. ne name t/unit
be Nat	low is insufficient.  Name and Address	Department yment i.e. Ad-ho	Desigr scale	nation & of pay	Perio Fron	od of Sen	rvice To	Expe	Total erience ears	in	Cle natu Also of	early i ure of ment	ndica expe ion the	te the erience. ne name t/unit

Mobile No: Tel. NO. with STD Code:								
		State :	Pin Co	ode:				
		District :						
		:				<u>attestation</u>		
	- 1	Address :				passport size Photograph <u>without</u> attestation		
		Name : Father's Name :				Please affix one recent		
17.			Candidate Address (in capital letter	s) With Black Ball Point Pe	en only			
16.	pr	ojects (ii) Award	didates may indicate information wit ls/Scholarship/Official Appreciation (iii) rmation. (Note: Enclose a separate sho	Affiliation with the profes	ssional b			
15.	Whether belongs to SC/ST:							
14.	Ple	ease state the pos	st for which you are applying:					
13.	ot (ii	ther things may p	ion, if any, which you would like to rorovide information with regard to (i) see over and above prescribed in the	additonal academic quali	fications	(ii) professional training and		
12.	To	otal emolument po	er month now drawn(give the break-u	p):				
	f)		om which the revision took place- e the pre-revised/revised scale.	:				
	e)	·	revised or revised scale of Pay(CDA/ID	PA) :				
	d)	If in IDA, please	indicate the pay scale	:				
	c)	The grade pay h	neld under MACP, if any	:				
	b)	If in CDA, please grade pay	e indicate the pay band and substantiv	re :				
	a)	Are you in CDA	or IDA pay scale	:				
11.	De	petails of pay particulars:						
	f)	Others:						
	e)	Universities:						
	d)	Government Und	dertaking:					
	c)	Autonomous Organization:						
	b)	State Govt.:						
	a)	Central Govt.:						
	Ple	lease state whether working under (indicate the name of your employer against the relevant column)						
10.	Ad	Additional details about present employment						
	c) Name of the parent office/organisation to which you belong:							

Signature of Candidate ↑

	Name	•		7
	Father's Name			
	Address	:		
		:		
	District	:		
	State	:	Pin Code	
		DECLARATION	N TO BE SIGNED BY THE CANDIDA	_ ATE
	duly supported by doc statements made and event of any informatio the DFCC and my canc eligibility prescribed for	uments submitted by me wi information given by me in t in or part of it being found fal lidature / appointment shall a	gone through the vacancy circular/advertisement ill also be assessed by the Selection Committee this application are true, complete and correct to lise or incorrect before or after the interview or a automatically stand cancelled/terminated, (iv) I for case my application is not received by DFCC with any.	at the time of selection for the post, (iii) All the best of my knowledge and belief. In the pointment, action can be taken against me by burther declare that I fulfill all the conditions of
19.	List of Enclosures:	-		
Place:				
Date:				
				(Signature of the Applicant)
			Countersigned	
			(Employer with Seal)	

18.

Permanent Address: