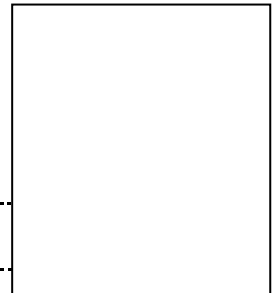




ODISHA CONSTRUCTION CORPORATION LIMITED

(A Government of Odisha Undertaking)

APPLICATION FOR THE POST OF CLERK (CONTRACT)



1. Full Name (In capital) :
2. Father's/Husband's Name :
3. Gender : 4. Date of birth : 5. Age as on : years
(As recorded in 10th or equivalent exam) (31.08.2020)
6. Category (Tick ✓ mark in appropriate box)
- | | | | | | | | |
|---------|--------------------------|------|--------------------------|----|--------------------------|----|--------------------------|
| General | <input type="checkbox"/> | SEBC | <input type="checkbox"/> | ST | <input type="checkbox"/> | SC | <input type="checkbox"/> |
|---------|--------------------------|------|--------------------------|----|--------------------------|----|--------------------------|
7. Address (with PIN code):
- Present Address Permanent Address
-
-
-
-
8. Language - Speak :
- Write :
9. Contact details (a) Phone :
- (b) Email :

10. Qualification: (10th onwards) (Attach copy of certificates).

| Sl. No. | Exam passed/ discipline | Name of the Board / University / Institute | Duration of course | Whether Regular course (Yes/No) | Year & month of Passing | Total marks | Marks obtained | % of Marks/ CGPA |
|---------|----------------------------|---|-----------------------|--|----------------------------------|----------------|-------------------|------------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | PGDCA | | | | | | | |

(In case of CGPA/grades, please indicate equivalent percentage as per norms adopted by the University/Institute & attach a copy of such norm fixed by the concerned University/Institute)

11. Post Qualification Experience (Attach copy of certificates):

| Sl. No. | Name & address of Organizations Worked | Post held | Duration of Experience (DD/MM/YYYY) | | Total years & months of experience | Type of assignment handled/specific nature of work/duty performed. |
|---------|---|-----------|--|----|---|---|
| | | | From | To | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

DECLARATION

I Son/Daughter/Wife of do hereby declare that all the statements made in this application are true and correct to the best of my knowledge and belief. In the event of any information being found false, my candidature/appointment is liable to be cancelled/ terminated without any notice to me.

Place:

Date:

(Full Signature of the Applicant)