APPLICATION FORM FOR POSTS IN NATIONAL SEEDS CORPORATION LTD.

Date of publication in Employ		025			ease affix your passport size		
Post applied for:				p	latest hotograph and sign across		
Name in full (in block letters)							
Father's/Husband's Name (in block letters)							
Date of birth (as per Matriculation)	Age (in years) a				as on 30.09.2025		
Address for Correspondence			District	State	Pin Code		
Permanent Address			District	State	Pin Code	_	
Marital Status	Nationality		R	eligion			
Caste Category (UR/EWS/OBC/SC/ST)	Sub category of caste		gs to PwD y (Yes or No)	_	Sub category of PWD & % of disability		
Whether Ex. Serviceman (Yes or No)	Name of Department/Service	Joining date	Leaving date	No. of Years of Service			
Whether Govt./Public Sector Employee (Yes or No)	Name of Present Pos Department		st held	(Regulai	Nature of engagement (Regular / Permanent / Temporary/Contractual)		
Departmental Candidate working in NSC (Yes or No)	Place of Posting in NSC Ltd.	Post held	Date of joining	No. of Ye	ears of Service		
Details of any Close relative in NSC Ltd.	Minimum required time the event of selection in	Personal mark of identification					
.oldivo ili 1100 Etd.	the event of selection in Noc						
Mobile No.	Email ID		Photo ID Proof (Document type)	ID	Number		
			717				

Educational			/ Univers		Stream	ALIFICATION Month & Year	% of	Certificate
Qualifications				•		of Passing	Marks	No.
10 th / Matric								
12 th / Intermed	liate							
Graduation								
Post-Graduati	on							
Diploma / ITI								
Any Other								
			DETAII	LS OF WOI	RKING EXP	ERIENCE	1	
Name of		Type of	Post	.	Period Serv		Pay	Job
Organization (Go		Organization vt./Autonomous/ tutory/PSU etc.)	Held	From (DD/MM/Y)	To () (DD/MM/YY	Duration In years / months	Scale	responsibilities
						monuis		
T-4-114/	_		\					
i otai Working	Expe	erience (in years)					
						ATION FEE		
Mode of payment Transaction ID/No		D/No.	Total payment made		ade	Date of payment		
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ayment of ar	plica	ition fee etc mi	ist be se	elf-attested	quannication and enclose	sed with the a	pplication	egory, date of bi form without wh
		n shall be treat			-			
				DECI AI	RATION:			
he applicatior					hereby decl	are that all the i	nformation o	given by me in this
he applicatior	d	any document or	······································	arawith ara t	rua ta tha ha			
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l,application	n and / mate	any document er	nclosed he ater stage	erewith are to the informa	tion given by	me found incorre	ct/misleading	g/false/suppressed
l,application	n and / mate	any document er rial fact. If at any l	nclosed he ater stage the Corpo	erewith are to the informa	tion given by	me found incorrenistrative and/or l	ct/misleading	g/false/suppressed as may deem fit.

Application No:.....