(A	Hindustan Aeronautics Lir Corporate Office :: Bengaluru-560 Application for the post of General Manag dvertisement No. HAL/HR/36(98)/2024/02 da	ger (Quality)	Paste Self-attested Recent passport size photograph			
	(Last date for receipt of applico is 10.09.2024 (dd.mm.yyyy					
	Is are mandatory. Please read the detailed advertise p the form	ement hosted on the	HAL Website prior to			
1.	Name (IN BLOCK LETTERS)					
2.	Gender					
3.	Father's Name					
4.	Mother's Name					
5.	Spouse Name (if married)					
6.	Date of Birth & Age as on 10.09.2024	dd/mm/yyyy	YrsMths.			
7.	State of Domicile and Nationality					
8(a)	Email ID					
	respondences to the candidates will be made via e late in the Application Form. No other mode of comm					
	Contact / Current Residential Address	Permane	ent Address			
8 (b)						
0 (6)						
	Pin Code	Pin Code Phone No (with STE				
	Phone No (with STD Code): Mobile No:	Mobile No:				
9.	Nearest Railway Station (i.r.o the Contact/ Current residential Address)					
10.	Religion					
11.	Were you domicile of J&K during the period from 1.01.1980 to 31.12.1989? (Copy of Certificate to be produced at the time of Interview)	Yes / No				

12.	Circle the Category (copy of Certificate to be produced at the time of Interview in case of SC/ST/OBC-NCL/EWS)	SC / ST / OBC-NCL / GEN / EWS
	Are you a Person with Benchmark Disabilities (PwBD)? (copy of Certificate to be produced at	Yes / No
13.	the time of Interview)	If yes, Nature of Disability
		Percentage of Disability
	Are you an Ex- Serviceman? (If yes, please answer the following)	Yes / No
14 (a)	Date of Joining the Services	
11(0)	Date of Discharge from the Services	
	produced at the time of Interview in case of SC/ST/OBC-NCL/EWS) SC / ST / OBC-NCL / GEN / EWS Are you a Person with Benchmark Disabilities (PwBD)? (copy of Certificate to be produced at the time of Interview) Yes / No If yes, Nature of Disability Percentage of Disability Are you an Ex- Serviceman? (If yes, please answer the following) Yes / No Date of Joining the Services Percentage of Disability	
		Yes / No
	Date of joining the Services	
	Present Rank	
(b)	Date of Seniority in Present Rank	
		Yes / No
	··· · · · · · · · · ·	
	earlier? (If yes, please give the details of the Post	Yes / No

	for which you have been interviewed as also date/year/venue)	
15.	If Yes: Post Interviewed:	
	Date of Interview:	
	Venue of Interview:	
16.	Are any of your close relatives working in HAL? If yes, provide details of Name, Designation, Division, etc.	Yes / No

	Have you ever been a Member/Worker of any Political Party/ Organisation or Participated in any Political activities? If 'Yes' please give the following details :	
	a) Name of the Political Party/ Organisation:	
17.	b) Particulars of Political Activity (if any):	Yes / No
	c) Period of Membership (from year) / year of participation in Political Activity :	163 / 140
	d) Nature of participation in Political Activity	
	e) Office, if any, held in Political Party	

18. EDUCATIONAL QUALIFICATION: (Academic and Professional – from SSLC/10th onwards)

Name of Qualification with specialization wherever applicable	Institution / University/ Board	Nature of the Course (Full Time/ Part Time/ Corresponden ce	Duration of the Course		Class / Division	Month & Year of Passing	Maximum Marks	Marks Obtained	% of Marks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)

(Note: Please give full & complete information. Use separate sheets if required)

19. Details of Training undergone in the last 5 years:

		Duration of the Training					
Name of Program	Institution / Organization	From (dd/mm/yy)	To (dd/mm/yy)				
(1)	(2)	(3)	(4)				

(Use separate sheets, if required)

20. Professional Experience as a Trainee (if applicable) (In Chronological order): (Use separate sheets, if required)

SI.	Designation	Name of the Organisation	Central Govt/ PSU / Private	Date of Joinin	g as Trainee		Gross	Reasons for Leaving	
No				From (dd/mm/yy)	To (dd/mm/yy)	Pay Scale	Pay		
(1)	(2)	(3)	(4)	(5)	(6)	(7	(8)	(9)	

(Note: Please give complete details for the experience profile like Date, Month & Year. Use separate sheets if required)

21. Professional Experience from the First Job onwards to Current Job [excluding the period of Training] (Chronological order) : (Use separate sheets, if required)

SI.		Name of the	Central Govt./	Date of Joining			Gross	Reasons	
No	Designation	Organization	ragnization PSU / From		To (dd/mm/yy)	Pay Scale	Pay	for Leaving	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	

Note: (i) The period of training undergone (at SI. No. 20 above) by a candidate in a Private Company is not reckoned for calculating the Post Professional Qualification Experience.

(ii) Candidates are required to carefully indicate details at SI.No.20 & 21 only as per the Documentary Proof available with them. The same are subject to scrutiny/ verification at a later stage of selection.

22. No. of years of Post Professional Qualification Experience you possess (in completed years): _____Years _____months (as on **10.09.2024**)

23.	Present Scale	e of Pay			
	Basic Pay	Dearness Allow	ance(DA)	_Gross Pay	
	HRA	Grade Pay(if applicable)	Other	⁻ Allowances	
	Gross Salary	per month	CTC Per Ar	าทบm	
24.	Date of Seni	ority (From Date in Present Gra	de / Post) (for PS	5U/ Government e	mployee):
25.		working in Central Governmer o separately furnish the Scale of			
26.	If selected, I	how soon can you join?			
27.	Are you willi	ng to be posted anywhere in Ir	ndia Yes / No		
28.		aken VRS from any PSU /Goverr e mention date of VRS			
		details (To be typed in about vith your name legibly written c			and enclosed to the
		en Picture with respect to eac pplication Form in line wit			
	(ii) Pen pictur	e shall elaboration Professional e	experience, ach	ievements & signit	ficant
		may please note that the abo o assess the nature and releva			
		pplication Fee paid through Ch Fee of Rs. 500/- (inclusive of GS ⁻			•

Name of SBI Branch / Bank	Branch Code	Date	Amount
			Rs. 500/- + (applicable Bank charges)

(Original Challan "HAL Copy" to be enclosed with the application)

I hereby declare that the above statements are true and complete to the best of my knowledge and belief. I understand that in the event the information is found to be false or incorrect, my candidature/appointment may be considered as terminated without any notice.

Place:

Date :

Signature of the Candidate

Note: The candidate is required to fill up all the columns. In the event of failure to enclose/ fill up the aforesaid details (including details sought at sl. No.29 above) the application form will be summarily rejected. The candidate should not attach any documents with the application blank other than the specified one in the application blank. The Original Certificates will however be scrutinized/ verified at the time of interview.

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		SBI Branch N	Name:		! [SBI Branch	Name:]		SBI Branc	h Name:	
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		SBI Bank Jo	urnal Date:		i		SBI Bank Jo	urnal Date:		i		SBI Bank	Journal Date:	
Post /	Applied	l for:			!	Post App	blied for:				Post App	lied for:		
Name	e of the	Candidate:				Name of	the Candidate:				Name of	the Candidate	e:	
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	he A/c N	Aeronautics L No. 414962098 State B Strial Finance B		itment Account" e: SBIN0009077) cy Road,		with the A	an Aeronautics L Vc No. 414962098 State B ndustrial Finance B	808 (IFSC Cod Sank of India	e: SBIN0009077		with the A	n Aeronautics /c No. 4149620 State dustrial Financ	into the Credit of Limited - Recru 19808 (IFSC Code Bank of India e Branch, Resider alore - 560 025.	e: SBIN0009077)
SI No.		Particu	lars	Amount		SI No.	Particu	lars	Amount		SI No.	Part	iculars	Amount
1	Appli	ication Fee		500		1	Application Fee		500		1 A	pplication Fee		500
2		nk's Commissic blicable charge				2	Bank's Commissio Applicable charg				2	Bank's Commis Applicable cha		
			Tota	1:				Tota	al :				Tota	al :
Date:		above amount	in Rupees	emitter / Applicant only ceiving authority	!	Date:	the above amount	in Rupees	emitter / Applican only ceiving authority		Date:		unt in Rupees	
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