Hindustan Aeronautics Limited Helicopter Division



Affix your
recent selfattested
Passport size
Photograph

APPLICATION FOR THE POST	OF

Advt No._____ dated _____

1	Name (IN BLOCK LETTERS)	
2	Gender	
3	Father's Name	
4	Mother's Name	
5	Date of Birth & Age as on 30.09.2024	
6	State of Domicile and Nationality	
7	Contact / Mailing Address	Permanent Address
8	Nearest Railway Station	
9	Religion	
10	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
11	Circle the Category (copy of Certificate to be produced at the time of Interview/Document Verification in case of SC/ST/OBC)	SC / ST / OBC / GEN
12	Are you a Person with Disability (PWD)? If so, mention the category of Disability (VD/OD/HD) (copy of Certificate to be produced at the time of Interview)	Yes / No VD / OD / HD / Others

13	a) Ara you an Ey Carvicoman?	
13	a) Are you an Ex- Serviceman? (If yes , please answer the following)	Yes / No
	Date of Joining the Services	
	Date of Discharge from the Services	
	No. of years of service	
	Rank at the time of discharge / release	
14	Are you Serving Officer in the Armed Forces? (if yes, please answer the following)	Yes / No
	Date of joining the Services	
	Present Rank	
	Date of Seniority in Present Rank	
	No. of completed years in the Current Rank as on 30-09-2024	
	Have you forwarded your application through Proper Channel?	Yes / No
15	Have you ever been a Member/Worker of any Political Party/Organisation or participated in Political activities? If 'Yes' please give the following details;	Yes / No
	a) Name of Political Party/Organisation:b) Particulars of Political Activity (if any)	
	c) Period of Membership (from year)/yearof participation in Political Activity:d) Nature of Participation in Political	
	Activity: e) Office, if any, held in Political Party:	
16	Have you been interviewed by HAL any time earlier?	Yes / No
	(If yes, please give the details of the post for which you have been	
	interviewed as also date/year/venue) If Yes:	
	Post Interviewed:	
	Date of Interview: Venue of Interview:	
17	Are any of your close relatives working in	Yes / No
	HAL? If yes, provide details of Name, Designation, Division, etc.	163 / 140

Name of Qualification with specialization wherever Applicable.	Institution / University Board	Nature of the Course (Full Time/ Part Time/ Correspondence)	Duration of the Course	Subjects / Specifica tion	Class / Division	Month & Year of Passing	Maximu m Marks	Marks Obtaine d	% 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 :

SI. No	Name of Program	Institution / Organisation	Duration of the Training		
			From (dd/mm/yy)	To (dd/mm/yy)	
(1)	(2)	(3)	(4)	(5)	

(Use separate sheets, if required)

20. Professional Experience as a Trainee (if applicable) (chronological order): (use separate sheets, if required)

SI.			ame of the Govt/ Tra		Joining as ainee Pay		Gross	Reasons
No	Designation	Organisation	PSU / Private	From	To (dd/mm/yy)	Scale	Pay/ Stipend	for Leaving
(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)

SI.	Designation		Central	Da	Date		Gross	Reasons
No		Organisation	Govt/ PSU/ Private	From (dd/mm/yy)	To (dd/mm/yy)	Scale	Pay	for Leaving
(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)

Note: (i) The period of training undergone 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. Professional qualification for the post of Flying Instructor:

(a) DGCA Computer No if any. :

(b) DGCA qualifications for Ex-Service Personnel. :

SI. No	Paper Qualified	Date of acquisition of Qualification
(1)	(2)	(3)

(c) Flying Experience

(Submit in separate sheets overall flying experience as per DGCA form CA39 and flying done during last six months)

23.	Types of Licenses and Endorsement	
2 J.	Types of Licenses and Lituoisement	

SI. No	Type of License/ Endorsement	Validity
(1)	(2)	(3)

24. Professional qualification for the post of Technical Tradesman (Airframe):

DGCA Computer No. if any

SI. No	DGCA Papers passed (If any)	Date of Qualification
(1)	(2)	(3)

25. Detailed Picture of the professional experience / significant contributions held by you. (If required to be typed in about 100 words on a separate sheet and enclosed to the application with your name legibly written on the top of the paper)

SI. No	Rank	Type of Helicopter / Aircraft experience Or Appointment held	Da	ite	Experience in Years
			From (dd/mm/yy)	To (dd/mm/yy)	

26. Details of Application Fee paid through Challan to the HAL Recruitment A/C No. **41496209808 (IFSC Code SBIN0009077)** (i.e Application Fee of Rs. 500/- or Rs. 200/- (inclusive of GST of 18%) & applicable Bank charges)

Name of SBI Branch / Bank	Branch Code	Date	Amount

(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: Signature of the Candidate

Date:

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.26 above) the application form will be summarily rejected.