|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | For Office Use Only | |  |  |  |  |
|  |  |  |  |  |  |  |  | |  |
|  | SC/ST/OBC/GEN |  | Token No. |  | Eligible/Not- | Remarks | |
|  |  |  |  |  |
|  |  |  |  | Eligible(E/NE) |  |  |  |  |
|  | /EX-SM |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Token / slip issued at the time of | | |  | Signature of the |  |  |  |  |
|  |  | Registering |  |  |  |  |
|  | registration to be attached with | | |  |  |  |  |  |
|  |  | Officer |  |  |  |  |
|  | Application | |  |  |  |  |  |  |  |
|  |  |  | **FORMAT OF APPLICATION** | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | To, | |  |  |  |  |  | Paste | |
|  |  |  |  |  |  |  |  |
|  | **Chief Executive Officer**  **AAI Cargo Logistics & Allied Services Company Limited** | | | | |  |  | Recent colour | |
|  |  |  | Photograph & | |
|  | AAICLAS Complex, Delhi Flying Club Road  Safdarjung Airport  NEW DELHI-110 003 | | | | |  |  |
|  |  |  | sign across | |
|  |  | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |

POSITION APPLIED FOR: **CHIEF SECURITY OFFICER, KOLKATA**

1. Full Name: (In BLOCK letters)



*First* *Middle* *Surname*

1. Father’s Name:
2. Date of Birth: ( DD / MM / YYYY )



4. Place and State of Birth: /



5. Address for correspondence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pin Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pin Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No: (Residence with STD Code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Mobile No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 6. | Gender : | Male | / | Female |  |  |  |  |  |  |
| 7. | Marital Status : | Mark **‘X’** in appropriate box. | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  | |  |  |  |
|  | Unmarried | Married |  | Divorce |  | Widow (er) | |  | Separated |  |
|  |  |  |  |  |  |  | |  |  |  |
|  |  |  |  |  |  |  | |  |  |  |
| 8. | Nationality: | |  | 9. | Religion :\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |  |
| 10. | Mother Tongue : | |  |  |  | 11. PAN No : | | |  |  |



1. (a) Aadhar Card No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (b) Passport No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Height: (Bare feet in cms.) 14. Weight:\_\_\_\_\_\_ Kgs.

1. a) Whether SC / ST / OBC / General (ALSO MENTION SUB-CASTE) (Indicate Category to which you belong by marking **‘X’** in the appropriate box.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Sub-Caste | SC | ST | OBC | General |

If SC / ST – attach copy of the Caste Certificate.

If OBC, furnish current Certificate including the “Non Creamy layer clause”. OBC community should be as per the Central List of OBCs published by the Government of India

[As per format in Annexure ‘B’]

b) Whether Ex-Serviceman : Yes / No

If ‘Yes’, furnish details of service, position held, date of release, details of experience after release (attach copies of relevant documents)

c) Whether from Police Services : Yes / No

(Furnish details)

d) Whether working in any Govt : Yes / No

Semi-Govt. / Public Sector

Undertaking or autonomous body

If “Yes”, enclose “No Objection Certificate”

1. Education Qualifications: (Matriculation / SSC onwards)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Examination(s)** | **Name of the University** | **Date, Month** | **Duration** | **Percentage** |
| **Passed (specify** | **/ Institution** | **& Year of** |  | **of marks** |
| **Degree e.g.** |  | **Passing** |  | **(Class /** |
| **BA/BSc/ B.Com** |  |  |  | **Division)** |
| **etc. / Diploma /** |  |  |  |  |
| **course** |  |  |  |  |
| 10 (SSC) |  |  |  |  |
|  |  |  |  |  |
| 12 (HSc or Pre- |  |  |  |  |
| Degree) |  |  |  |  |
|  |  |  |  |  |
| Graduation |  |  |  |  |
|  |  |  |  |  |
| Any other |  |  |  |  |
| (specify) |  |  |  |  |
|  |  |  |  |  |

1. Fluency in languages: Mark ‘X’ in an appropriate column.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Language** | **Read** | **Speak** | **Write** | **Remarks\*** |

a) English

b) Hindi

c) Bangla

Others (Specify)

\* Indicate whether any Certificate / Language Course done and the duration of the course, along with a copy of such Certificate.)

1. Work Experience (if any):

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Organisation | | Post Held | | Period of Service | | |  | | | | | Nature of Job | | | |
|  | |  | | From | |  | To | | | | |  | | | |
|  | |  | |  | |  |  | | | | |  | | | |
|  | |  | |  | |  |  | | | | |  | | | |
|  |  | |  | | | | |  |  |  |  | |  |  |  | |
| 19. |  | |  | |  | | |  |  |  |  | |  |  |  | |
|  |  | | Date of getting | |  | | | Validity | | | | |  |  |  | |
|  | Qualification | | certification | |  | | |  |  |  |  | |  |  |  | |
|  |  | |  | | From | | |  |  |  |  | | To | |  | |
| Basic AVSEC | | |  | |  | | |  |  |  |  | |  |  |  | |
| X-BIS | | |  | |  | | |  |  |  |  | |  |  |  | |
| Auditors’ Course Certification | | |  | |  | | |  |  |  |  | |  |  |  | |
| Screeners Certified | | |  | |  | | |  |  |  |  | |  |  |  | |
| 20. | i (a) Is any case pending against you with the police or court? Yes | | | | | | | | | |  | | No |  |  | |
|  | |  |  | |
|  | (b) If Yes, furnish full details on a separate sheet of paper | | | | | | |  |  |  |  | |  |  |  | |
|  |  |  |  |  | |  |  |  | |
|  |  | |  | |  | | |  |  |  | | |  |  |  | |
|  | ii (a) Where you ever arrested? | | | | | | | Yes | | | | | No |  |  | |
|  |  | |  | |  | | |  |  |  |  | |  |  |  | |

* 1. If Yes, furnish full details.

1. Particulars of Demand Draft issued:

(In favour of **AAI Cargo Logistics and Allied Services Company Ltd.** payable at **New Delhi)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name & Address of the Issuing** | **Date of Issue** | **Demand Draft No.** | **Amount** |
| **Bank & Branch** |  |  |  |
|  |  |  | **Rs.500/-** |
|  |  |  |  |

1. Relatives working in AAI / AAI Cargo Logistics & Allied Services Company Ltd.:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Designation | Company | Relationship |
|  |  |  |  |
|  |  |  |  |

1. Declaration**: I hereby certify that the foregoing information is correct to the best of** **my knowledge and belief. I have not suppressed any material fact or factual information in the above statement.** I am aware that in case I have given wronginformation or suppressed any material fact or factual information, or I do not fulfil the eligibility criteria according to the advertisement, my candidature will be rejected / services terminated without giving any notice or assigning reasons therefore.

Place :

(Signature of applicant)



Date :



**List of Documents(copies) to be attached with the Application** :

(Please also bring all ORIGINAL DOCUMENTS / CERTIFICATES for verification only)

1. Demand Draft (Not applicable for SC/ST/Ex-Servicemen/Female).
2. 10th Std / Matriculation Mark-sheet & Passing Certificate
   * 1. 12th Std / Pre-Degree Mark-sheet and Passing Certificate
     2. Graduation Certificate or Provisional Degree Certificate
        + 1. No Objection Certificate from present employer, if applicable.
          2. NCC “A, B, C” / Basic AVSEC / X-BIS Certificate / Auditors’ Course Certification/Screeners Certified;
        1. Doctor’s Certificate (in original) for Height & Weight (As per format).
        2. Caste Certificate in case of SC / ST / OBC candidates
        3. Discharge Certificate in case of Ex-Servicemen
        4. Experience Certificate
           1. Nationality / Domicile Certificate
           2. PAN Card Copy
   1. Aadhar Card Copy
   2. Passport Copy
3. Any documents in regard with point no. 20 of Application Format

**ANNEXURE ‘A’**

**TO WHOMSOEVER IT MAY CONCERN**

I Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have clinically examined Mr / Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_\_ (Years) date of birth \_\_\_\_\_\_\_\_\_\_\_\_and certify that his / her height/weight as follows:

Height: \_\_\_\_\_\_\_\_\_\_\_ cms

Weight: \_\_\_\_\_\_\_\_\_\_\_\_ Kgs

Signature of the Doctor

Name of the Doctor

Registration no:

Stamp

Date of issuance:

**ANNEXURE – ‘B’**

Form of certificate to be produced by Other Backward Classes applying for appointment to posts under the Government of India.

This is to certify that …………………………………………..………………………………

Son of ……………………………………………..of Village ……………………….District

/ Division ……………………………………….in the …………………………………State belong to the ……………………………… Community which is recognized as a Backward

Class under the Government of India, Ministry of Welfare Resolution No. 12011/68/93-

BCC(C), dated 10th September 1993 published in the Gazette of India Extra-Ordinary Part I, Section I, dated 13 th September 1993. Shri ………………………………and/or his family ordinarily reside(s) in the ……………………………………………………………………..

…………………………………………………………………………………………………

District/Division of the ……………………………….State.

This is also to certify that he/she does not belong to the person/sections (Creamy Layer)

mentioned in column 3 of the Schedule to the Government of India, Department of

Personnel and Training O.M. No. 36012/22/93-Estt.(SCT), dated 8.9.93.

|  |  |  |
| --- | --- | --- |
| Date : | Seal | District Magistrate |
|  |  | Deputy Commissioner |
| etc. |  |  |
|  |  |  |

N.B. (a) The term ‘ordinarily’ used here will have the same meaning as in Section 20 of the Representation of the Peoples Act, 1950.

(b) Where, the certificates are issued by Gazetted Officers of the union Government or State Governments, they should be in the same form but countersigned by the District . Magistrate of Deputy Commissioner (Certificate issued by Gazetted Officers and attested by District Magistrate/Deputy Commissioner are not sufficient).