

NATIONAL COUNCIL FOR CEMENT AND BUILDING MATERIALS

(Under the Administrative Control of Ministry of Commerce & Industry, Govt. of India) 34 KM Stone, Delhi-Mathura Road (NH-2), Ballabgarh-121004, Haryana, India. Ph:+91-129-2666600

Website: www.ncbindia.com

Application Form for Appointment on Contract Basis

The hard copy to be filled by the candidate in his/her own handwriting. All the columns should be properly filled in. Incomplete application form will be rejected summarily.

Affix recent passport size photograph duly signed

	Advertisement No:	C/02/2024	(01)
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1.	Post applied for and Post Code	:			
2.	Name of Candidate (in Block Letters)	:			
3.	Marital Status	:			
4.	Father's / Husband Name	:			
5.	Date of Birth	:			
6.	Age as on 01.02.2024	:	Years	Month	Days
7.	Nationality	:			
8.	Address	:			
	a. Correspondence Address	:			
	City & Pin Code	:			
	State	:			
	Mobile No.	:			
	Email ID	:			

	b. Pern	anent Address		:				
	City	& Pin Code		:				
	State			:				
	Mob	ile No.		:				
	Ema	il ID		:				
9.	State wh	ether you are a me	mber of	:	SC			
	Schedul	e Caste/Schedule T	ribe/Other		ST			
	Backwa	d Class. If so, attac	ch an atteste	d	OBC			
	Copy of	the certificate in su	pport of yo	ur	GEN			
	Claim.				PH			
					EWS			
		nal / Professional at must be enclosed	_			py of eac	h certificate	/ marks
		Examination Passed	Course Duration	Division	Percentage*	Year of Passing	Board/ University	Subjects
Hi	gh Scho		Duration			1 ussing	Chiversity	

	Examination Passed	Course Duration	Division	Percentage*	Year of Passing	Board/ University	Subjects
High School	Tussea	Duration			1 dooning	Cinversity	
Intermediate							
Diploma							
Graduate							
Post Graduate							
Ph.D Title (Awarded/Thesis							
Submitted)							
Any other							

^{*} Wherever CGPA is applicable, the same should be indicated in equivalent actual percentage.

11. Total Experience	ce: Years	Mo	nths		
12. Employment D	etails in (Chrono	ological Order sta	arting from cur	rent occupa	tion):
Name & Address of Employer	Post Held	Pay Scale	Date From	Date to	Nature of Duties
(Any additional inf	formation may be	given in additio	nal sheets)		
application are true	e, complete and omation being for	correct to the best and false or inco	st of my know rrect or any in	ledge and be neligibility b	ments made in the elief and in the event being detected before ted against me.
Date:				Ca	andidate's Signature
Place:				(Full Name