

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 Direct Recruitment 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 by the candidate

Advertisement No: R/02/2024 (01)

1.	Post applied for and Post Code	:	
2.	Name of Candidate (in Block Letters)	:	
3.	Marital Status	:	
4.	Father's / Spouse Name	:	
5.	Date of Birth	::_	::
6.	Age as on 01.03.2024	:Years_	Month Days
7.	Nationality	:	
8.	Address	:	
	a. Correspondence Address	:	
	City & Pin Code	:	
	State	:	
	Mobile No.	:	
	Email ID	:	



b. Permanent Address

City & Pin Code

State

Mobile No.

Email ID

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9. Category (Please put tick mark) :								
SC			ST		OB	BC		
GEN			PH		EW	VS		
Ex-Servicem	nen							
10. Educational / Professional Qualifications (a self-attested copy of each certificate / marks statement must be enclosed with the application):								
	Examination Passed	Course Duration	Division	Percentage*	Year of Passing	Board/ University	Subjects	
High School (Class X)					5	,		
Intermediate (Class XII)								
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.								

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11. Total Experience	e: Years	Mont	hs			
12. Employment De	etails in (Chronol	ogical Order star	ting from curr	ent occupati	ion):	
Name & Address of Employer	Post Held	Pay Scale	Date From	Date to	Nature of Duties	
Limployer						
(Any additional info	ormation may be	given in addition	al sheets)			
Declaration: I					made in the application the event of any of the	
•	found false or i	ncorrect or any	ineligibility b	eing detect	ed before or after the	
sciection, my candi	idature is liable to	o de canceneu di	ia action illitid	icu agamst i	me.	
Date:		Candidate's Signature				
Place:		()				
Full Name						