

**कोचीन शिपयार्ड लिमिटेड / COCHIN SHIPYARD LIMITED**  
**कोच्ची / KOCHI - 15**

**WALK-IN SELECTION AT COCHIN SHIPYARD LIMITED (CSL)**  
**APPLICATION FOR THE POST OF MEDICAL OFFICER ON CONTRACT BASIS**

To

General Manager (HR)  
Cochin Shipyard Limited  
Kochi – 682 015

Affix recent  
passport size  
photograph

Sir

Ref: Your advt No..... dated ..... on CSL website.

I hereby apply for the post of .....  
on contract basis in Cochin Shipyard Limited (CSL), Kochi furnishing the following details:

1	Full Name (as in Aadhaar)			
2	Father's Name			
3	Date & Place of Birth			
4	Aadhaar No			
5	Marital status			
6	Nationality			
7	Present Address (Postal)			
8	#Contact Details	E-mail address: Mobile No : Landline/Alternate Mobile No :		
9	Whether belonging to SC/ST/OBC/EWS *			
10	Disability (if any), Category and percentage of Benchmark Disability (VH/HH/OH/Others)*			
11	Languages known	To read	To write	To speak

**# Applicants should ensure that they enter valid e-mail ID and Contact Numbers (Mobile, Landline/Alternate Mobile Number) as all correspondence from CSL will be through that e-mail ID/Contact Number only.**

\*Copy of certificate to be attached.

**12. Educational Qualification:** (See item I in the advertisement)

Examination	Main Subjects	Name of College/ Institution	Year of passing	*Marks obtained/ Class & Rank	Medals/ Distn/ Awards of Merit

\*Please attach photocopies of mark sheets.

**13. Experience:**

a) Give a Brief Description of Major Assignments handled.

b) # Provide experience details starting from the present position and indicating previous employment in descending chronological order. Use separate sheet if required. Application will be rejected in case of incomplete information and without supportive documents.

Sl No	Post held and Organization	Period			Nature of duties	Scale of pay	Last salary drawn in the post	Reason for change
		From (dd/mm/yy)	To (dd/mm/yy)	Total (yr & months)				

#copy of all experience certificates to be attached

14	Computer Literacy (Courses completed)		
15	Special Qualification/ Training##		
16	Do you have any relatives working in CSL?	Yes/ No	<u>If yes, details of relatives</u>
17	Do you have any relatives retired from CSL?	Yes/ No	<u>If yes, details of relatives</u>

##copy of certificates to be attached

I declare that the particulars furnished above are true and correct to the best of my knowledge and belief.

Place :

Signature

Date :