

गार्डन रीच शिपबिल्डार्स एण्ड इंजीनियर्स लिमिटेड (भारत सरकार का उपक्रम)

GARDEN REACH SHIPBUILDERS & ENGINEERS LTD (A GOVERNMENT OF INDIA UNDERTAKING)

CIN:L35111WB1934GOI0007891

61, गार्डन रीच रोड, कोलकाता-700 024, भारत

Registered and Corporate Office GRSE Bhavan ,61, Garden Reach Road, Kolkata-700 024, INDIA

APPLICATION FORM

PP size colour photograph

Post Applied For: Domain Expert

1. Name in full (in block letters):.....

| 2. Father's/ Husband's Name : | |
|---|---|
| 3. Marital Status : | 4. Sex: |
| 5. Date of Birth *: 6. Age | as 01 Jun 2025: |
| 7. Place of Birth: 8. Nation | nality: |
| 9.Religion: | |
| 10. Contact Details: | |
| Address for correspondence with Mobile No. / Phone No. and E-mail | Permanent Address with Mobile No./ Phone No and E-mail |
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11. **Details of Educational Qualifications:** Please give particulars of examination passed and degrees obtained *.



| SL. No. | Examination / Degree / Diploma Passed | Name of the Board / University/Institution | Mention field of specialisation, etc. as applicable |
|------------|--|---|---|
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12. **Details of Employment / Experience**: Please give particulars of your present and past employment / work experience in chronological order, starting with the present one *.

| SI. No. | Organisation | Position Held | From | То |
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- 13. Details of professional body memberships if any:
- 14. Details of Awards/ Decorations if any:



15. Details of enclosures sent with the application form:

| SI. No. | Description | |
|--|----------------------------|--|
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| 16. Any o | ther relevant information: | |
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| | | |
| * Please submit the self-attested copy of relevant certificates for DOB, Qualification & Experience. | | |
| DECLARATION | | |
| I certify that the information given in this application is correct and complete to the best of my knowledge and belief and nothing has been concealed / distorted. If, at any time, I am found to have concealed / distorted any material information, my appointment shall be liable to be summarily terminated without notice / compensation. | | |
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| | | |
| Place: | Signature of Candidate | |
| Date: | | |