

 <p style="text-align: center;">HINDUSTAN AERONAUTICS LIMITED LCA Tejas Division, Bangalore Complex, Bangalore Application Format Advt. No: LCA /HR/TBT/2085/2025</p> <p>TECHNICIAN ON TENURE BASIS (Please fill the Application Format in CAPITAL LETTERS only)</p>		<p>Paste Self Attested recent passport size colour photograph</p>	
<p>Please tick the following before filling the application: I have gone through the “Caution Notice” indicated in the Notification and on HAL Website.</p>			
1	Name of the post applied for *	Technician Electroplater	
2	Name of the Qualification (Tick the relevant Qualification)	Qualification • NTC (ITI in Electroplater Trade) + NAC • Direct 03 Years NAC in Electroplater Trade	
3	HAL Reference Number:		
4	Name in Full (As in SSLC / SSC certificate) *		
5	Gender*	Male/Female/Transgender	
6	Father's Name* (As in SSLC / SSC Certificate)		
7	Mother's Name (As in SSLC / SSC Certificate)		
8	Marital Status*	Married/Unmarried/ Divorced/ Widower	
9	Nationality*		
10	State of Domicile		
11	Date of Birth (DD /MM/ YYYY) *		
12	Age as on 30.08.2025*	____ Years ____ Months ____ Days	
13	Religion*	Hindu / Muslim / Christian / Sikh /Neo-Buddhist / Zoroastrians / Jain / Others specify _____	
14	Category	SC / ST / OBC / EWS / GEN	
15	Permanent Address*	Address for communication * (All future Communications will be made on this Address only)	

16	Phone with STD Code/ mobile number*	
17	E-mail ID*	
	(All correspondences to the candidates will be made via Mail/SMS/e-mail id provided by the candidate in the application format. No other method of communication will be adopted.)	
18	Nearest Railway Station (With reference to the Present Address)	
19	Were you domicile of J & K during the period from 01.01.1980 to 31.12.1989? *	Yes <input type="checkbox"/> No <input type="checkbox"/>
20	Are you a Person with Disability (PWD)	Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, Q.20 to 23 mandatory)
21	In case of a Person with Disability (PWD), category of disability	Orthopaedically Handicapped Visually Handicapped Hearing Handicapped
22	Categories of Disability (Please Tick) OL- One Leg BL- Both Leg OA-One Arm OAL- One Arm & Leg MV- Muscular Weakness LV-Low Vision HH-Hearing Handicapped	OL <input type="checkbox"/> BL <input type="checkbox"/> OA <input type="checkbox"/> OAL <input type="checkbox"/> MW <input type="checkbox"/> LV <input type="checkbox"/> HH <input type="checkbox"/>
23	Percentage of Disability
24	Details of Disability Certificate (the certificate should be how recent?)	Certificate No : Date of Issuance: Issuing Authority:
25	Are you an Ex serviceman or are you serving presently in the Armed Forces? *	Yes <input type="checkbox"/> No <input type="checkbox"/>
26	Details of the present employment (if applicable): i) Nature of Organization	Private Sector / Public Sector/ Govt. Organization / Quasi Govt. Organization/ Self Employed
	ii) Present Pay and Allowances per month	Scale of Pay: Basic Pay: Dearness Allowance (DA): HRA: Other Allowances (Specify): Gross Salary per month:

27. Details of Educational Qualification possessed at the time of submission of Application :

Qualification	Name of the Course	Discipline /Trade / Subjects	Month & Year of Passing the Exam	School / Board / Institution	Duration of Course	Mode of Study (Regular / Part Time/ Correspondence)	Marking Scheme Marks	Marks Secured		
								Marks Obtained	Max. Marks	% of Marks
SSLC / SSC										
NTC (ITI in Electroplater Trade) + NAC										
Direct 03 Years NAC in Electroplater Trade										
Any other	Qualification									
1										
2										
3										

*Candidates possessing higher qualifications than the required qualification indicated in the Notification against the respective post need not apply. Candidate pursuing / enrolled for any other qualifications should mandatorily indicate the same in the application format. “All the Qualifications possessed by the candidates as also Qualifications/ Courses being pursued by them at the time of submitting the Application for employment, are to be clearly indicated and Qualifications / Courses which are being pursued/ currently undergoing are to be indicated in the Application while submitting the same for notified posts in HAL” Candidature of such personnel who possess higher qualification than the required qualification indicated in the Advertisement / Notification and who apply for the post, will be rejected at any stage of the Recruitment or Selection

28. Qualification still pursuing at the time of submission of Application :

Qualification Name	School / Board /University/ Institution	Month & Year of joining the Course	Duration Of the Course (in yrs)	Mode of Study Full time/ Part Time/ Correspondence	Likely date /month/ Year of Completion Of the Course

29. details of total experience /Employment in other Organizations, if any *:

[chronological order from the first to the latest):

Sl. No.	Designation	Central Govt/ PSU/Private/ Self Employed	Period of posting		Organization Name	Pay Scale / Gross Pay	Reason for Leaving (Transfer /Discharge / Resignation/ Promotion)
			From	To			

30. Details of Training Undergone for more than 3 months, if any.....

Sl.No.	Training	Organization	From	To

31	<p>Have you applied for any post/attended written test /Document Verification of HAL any time earlier? *</p> <p>If yes, Please give the details of the post for which you have applied/attended Written Test/Document Verification and also date/year*</p>	<p>Yes</p> <p>No</p>
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32. Any other relevant Details:

DECLARATION

I hereby declare that the above statements including particulars regarding Age, Qualification, and Experience etc. are true & complete to the best of my knowledge and belief. In case of any changes in the information furnished above, the same will be informed forthwith. In the event, the information is found to be false or incorrect, my candidature / engagement may be considered terminated without any notice.

Place :
Date :

Agreed :
Signature of Candidate.....