SCHEDULE IV

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NRDCL EMPLOYMENT APPLICATION FORM (New as per the requirement of MoLHR)

passport size photograph 1. Full Name: Sex: M 2. Village/Municipality: Gewog: Dzongkhag: House No. Thram No. 3. Date of Birth: Day Month Year Citizenship ID No.: Nationality: 4. Post Applied For: 5. Mailing Address: Contact Tel. No.: 6. 7. I have: False a) Not been convicted of a criminal offence; True b) Not been terminated or compulsorily retired from the any agency except in case of insolvency; True False c) Voluntarily resigned from any agency; True False d) Not been adjudged medically unfit for employment by a registered medical practitioner; True False e) Not intentionally provided false information in the application for employment or used fraudulent practices in the recruitment examination; True alse f) Not furnished fake/forged testimonials/documents; True alse g) Not failed to furnish testimonials as required: True alse

h) Not been otherwise disqualified for appointment; True

8.	Academic (Qualification:	nlease star	t with the	Institute	last attended)
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Name of Institute	Country	Course/ Subjects	Year of Completion	Div.	Degree (%)	Dip. (%)	Certificate (%)

9. Training:

Name of Institute	Country	Field of Study	Duration	Yr. of Passing	Div.	Degree	Dip.	Certificate

10. Employment History (if applicable):

Organization	Position Held	Post	Period		Appt.	Place	Reason for	
			From	То	Status	Served	Change	
Past Employn	Past Employment							
Present Employment								

11.	Extra Curricular Activities: (please tick appropriate ones and attach attested relevant certificates).								
	(a) Literary ()		(b)	Sports ()					
	(c) Leadership ()		(d)	Membership in Community/Ass	sociation ()				
	(e) Awards received ()		(f)	Others ()					
12.	Reference: Provide the names and addressesof at least TWO referees as below:								
	Referee 1:								
	a. Name&designation	:							
	b. Organization/Address	:							
	c. E-mail address	:							
	d. Contact No.								
	Referee 2:								
	a. Name & designation	:							
	b. Organization/Address	:							
	c. E-mail address	:							
	d. Contact No.								
	information, I understand	that the	emplo	event of detection of false or over shall withdraw/terminate my to abide by all Rules and Reg	service or				
Date:									
		Signatu	ire of .	Applicant					
		0		l Stamp)					
 Check	list of essential documents	to be su	bmitte	 d:					
1.	. ~								
2.	1.								
3									
4									
5	1								
6	` 11 /								
7	Any other certificates of me	erit (if a	ny).						
Note:			7		.1				
1.	- v			itted to HR Section NRDCL, it become ditions these documents shall not be s					

NRDCL Management reserves the right to increase or decrease or not to select from the list of candidates after having undergone the selections processes on professional grounds.