



महा मुंबई मेट्रो  
Maha Mumbai  
Metro

## **MMMOCL APPLICATION FORM**

**To,**  
**The Managing Director,**  
Maha Mumbai Metro (M3) Operation Corporation Ltd.  
4th Floor, NaMTTRI Building, Adjoining New MMRDA Building,  
Bandra-Kurla Complex, Bandra (E),  
Mumbai - 400051. Maharashtra.

Please affix  
passport size  
photograph  
and sign across

### **TO BE FILLED IN BOLD ENGLISH CAPITAL LETTERS BY THE CANDIDATE ONLY**

**CANDIDATES ARE ADVISED TO FILL UP THE DETAILED INFORMATION IN THE PRESCRIBED FORMAT AND AT RELEVANT PLACE ONLY. NO SEPARATE SHEET ATTACHED WILL BE CONSIDERED.**

|     |  |  |     |    |             |      |   |         |      |     |     |
|-----|--|--|-----|----|-------------|------|---|---------|------|-----|-----|
| 1.  | Notification Date  |  |     |    |             |      |   |         |      |     |     |
| 2.  | Name of the Post   |  |     |    |             |      |   |         |      |     |     |
| 3.  | Sr. No. of the Post  |  |     |    |             |      |   |         |      |     |     |
| 4.  | Mode of Selection<br>(Please Tick)                                 | Nominations <input type="checkbox"/>               |     |    |             |      | Deputation <input type="checkbox"/>             |         |      |     |     |
| 5.  | Name of the Candidate  | First Name   |     |    | Middle Name |      |   | Surname |      |     |     |
| 6.  | Date of Birth (DD/MM/YYYY)   |  |     |    |             |      |   |         |      |     |     |
| 7.  | Age (as on date mentioned<br>in notification)                      | Years  |     |    | Months      |      |   | Days    |      |     |     |
| 8.  | Nationality  |  |     |    |             |      |   |         |      |     |     |
| 9.  | Gender (Male / Female)   |  |     |    |             |      |   |         |      |     |     |
| 10. | Marital Status<br>(Married / Unmarried)                            |  |     |    |             |      |   |         |      |     |     |
| 11. | Religion   |  |     |    |             |      |   |         |      |     |     |
| 12. | Caste  |  |     |    |             |      |   |         |      |     |     |
| 13. | Caste Category<br>(Please Tick only one<br>category)               | OPEN   | OBC | SC | ST          | VJ-A | NT-B  | NT-C    | NT-D | SBC | EWS |
| 14. | Caste certificate issued by<br>Maharashtra State /<br>Other State* |  |     |    |             |      |   |         |      |     |     |
| 15. | Applied for Horizontal<br>Reservation (if any)                     | Women Reservation <input type="checkbox"/>         |     |    |             |      | Person with Disability <input type="checkbox"/> |         |      |     |     |
|     |  | Meritorious Sports Person <input type="checkbox"/> |     |    |             |      | Orphan child <input type="checkbox"/>           |         |      |     |     |
| 16. | Mobile Number  |  |     |    |             |      |   |         |      |     |     |
| 17. | Alternate Mobile Number  |  |     |    |             |      |   |         |      |     |     |
| 18. | Email ID   |  |     |    |             |      |   |         |      |     |     |
| 19. | Correspondence Address   |  |     |    |             |      |   |         |      |     |     |
| 20. | Permanent Address  |  |     |    |             |      |   |         |      |     |     |

\*Note – Candidate submitting Caste Certificate of other state will not be considered for reserved category posts.

**21. Academic & Professional Qualifications acquired (As on date mentioned in notification):**

| Sr. No. | Academic & Professional Qualification | Year of Passing | Duration of course in years | Percentage / Grade | Board / University / Institute |
|---------|---------------------------------------|-----------------|-----------------------------|--------------------|--------------------------------|
| 1       |                                       |                 |                             |                    |                                |
| 2       |                                       |                 |                             |                    |                                |
| 3       |                                       |                 |                             |                    |                                |
| 4       |                                       |                 |                             |                    |                                |
| 5       |                                       |                 |                             |                    |                                |

**22. General & Job Specific work experience gained as under (As on date mentioned in notification):**

| Sr. No.  | Name of Organization | Designation / Position | Pay Band/CTC Rs. with pay scale under IDA/CDA | Nature of Duties performed | Period (DD/MM/YYYY) |    | Total Experience |        |      |  |
|--|----------------------|------------------------|---|----------------------------|---------------------|----|------------------|--------|------|--|
|  |                      |                        |   |                            | From                | To | Years            | Months | Days |  |
| 1  |                      |                        |   |                            |                     |    |                  |        |      |  |
| 2  |                      |                        |   |                            |                     |    |                  |        |      |  |
| 3  |                      |                        |   |                            |                     |    |                  |        |      |  |
| 4  |                      |                        |   |                            |                     |    |                  |        |      |  |
| 5  |                      |                        |   |                            |                     |    |                  |        |      |  |
| 6  |                      |                        |   |                            |                     |    |                  |        |      |  |
| 7  |                      |                        |   |                            |                     |    |                  |        |      |  |
| 8  |                      |                        |   |                            |                     |    |                  |        |      |  |
| <b>Total Experience</b> (Years-Months-Days)  |                      |                        |   |                            |                     |    |                  |        |      |  |
| <b>Note - Need detailed information i.e., post held at each stage during the total tenure. For each post one separate row will be filled up in the above table. If space is not sufficient then separate sheet can be added.</b> |                      |                        |   |                            |                     |    |                  |        |      |  |

|     |   |          |
|-----|---|----------|
| 23. | Whether appeared for interview in MMMOCL in past (if yes, mention the details of post applied for and date)   |          |
| 24. | Parent Organization Name, address, Phone No. & Competent Authority,   |          |
| 25. | Whether one copy of application has been sent to Parent Organization well in advance  | YES / NO |
| 26. | Present Pay Scale with GP (details along with 6 <sup>th</sup> / 7 <sup>th</sup> Pay Commission and CDA / IDA / Other Scale, if any) or CTC (For private organization) |          |
| 27. | Present Basic, GP with Designation held   |          |
| 28. | Present employer's name, address, phone number & Name of key person   |          |
| 29. | Whether Departmental Enquiry, if any is pending, proposed, initiated against you in last 10 years.  | YES / NO |
| 30. | Whether your Parent Organization will relieve you in case if you are selected on Nomination / Deputation?   | YES / NO |
|     | If so, the maximum period required for joining the duties on Nomination / deputation, by complying all necessary formalities  |          |
| 31. | Whether you have applied to Competent Authority for issue of NOC (in the format attached)   | YES / NO |
| 32. | Whether you have applied to Competent Authority for issue of Last five years Performance Appraisal  | YES / NO |
| 33. | Hobbies /Interests  | 1.       |
|     |   | 2.       |
|     |   | 3.       |
| 34. | Names of two reputed references except political and relatives preferably Gazetted Officers in the Class One rank   | 1.       |
|     |   | 2.       |
| 35. | Date of return from earlier deputation & Name of organization, (in case of deputation candidates  |          |

**36. Details of deputation during the entire service till date:**

| Sr. No. | Name of the organization | Post held | Pay Scale | Period |    |       | Remarks, if any |
|---------|--------------------------|-----------|-----------|--------|----|-------|-----------------|
|         |                          |           |           | From   | To | Total |                 |
| 1.      |                          |           |           |        |    |       |                 |
| 2.      |                          |           |           |        |    |       |                 |

**37. Enclosures in support of statement duly self-attested (Strike out whichever not applicable)**

| Sr. No.                                | Details of attached documents  | Attached (Please tick) |    | No. of copies |
|--|--|------------------------|----|---------------|
|  |  | Yes                    | No |               |
| 1.                                     | Age Proof (Birth Certificate / SLC)  |                        |    |               |
| 2.                                     | Academic & Professional Qualifications (Passing certificate necessary)   |                        |    |               |
| 3.                                     | Experience Certificates of all organizations where worked. Experience certificate clearly showing field of experience as mentioned in notification. Vague experience certificate will not be considered. |                        |    |               |
| 4.                                     | NOC issued by Parent Organization  |                        |    |               |
| 5.                                     | Caste Certificate & Caste Validity   |                        |    |               |
| 6.                                     | Current Organization Appointment Letter & Pay slip   |                        |    |               |
| 7.                                     | Other supporting documents   |                        |    |               |
| <b>Total number of copies attached</b> |  |                        |    |               |

**DECLARATION:**

I hereby declare that all the statements made by me in this application form are true and correct to the best of my knowledge and belief that nothing has been concealed or suppressed. I have enclosed necessary documents/certificates to this effect. I also understand that in case, any of my statements is found untrue during any stage of recruitment and thereafter. I shall be disqualified for the post applied for and I shall be liable for any penal action.

I have read the advertisement and the relevant GRs mentioned hereinabove and made aware myself about all the terms & conditions stipulated therein and affirm to abide by them. I affirm I fulfill the requisite criteria that that no any Departmental Enquiry is live/pending/proposed against me as on today. I further affirm that there are No Dues, No Legal Proceedings of any nature are pending against me as of date.

**Date:****Place:****Signature of candidate with name & date**

(To be given on Company's letterhead)

Date:

To,  
Managing Director,  
Maha Mumbai Metro (M3) Operation Corporation Ltd.  
4th Floor, NaMTTRI Building, Adjoining New MMRDA  
Building, Bandra-Kurla Complex, Bandra (E),  
Mumbai - 400 051. Maharashtra.

**No Objection Certificate**

This is to certify that Shri/Smt./Kumari \_\_\_\_\_ is  
working in this office from \_\_\_\_\_ to  
till date as \_\_\_\_\_ (post) in the pay scale of  
\_\_\_\_\_  
\_\_\_\_\_ having present basic is Rs. \_\_\_\_\_ & GP in Rs.  
\_\_\_\_\_  
\_\_\_\_\_ as per our  
official record, his/her date of birth is \_\_\_\_\_.

Further it is certified that he/she has applied for the post of \_\_\_\_\_ in  
MMMOCL on deputation/nomination basis and we found him/her is entitled to the said post  
as per prevailing norms of deputation. He / She fulfills the qualification, experience and  
prescribed criteria as specified in the advertisement as per recruitment rules for the said post  
in MMOCL.

We ensure that if he/she selected, we will spare the services of  
Shri/Smt./Kum.

\_\_\_\_\_ within 30 days.

We also certify that No Departmental Enquiry is pending, initiated, proposed and he/she never  
been penalized in the last 5 years.

This NOC is issued on his/her request.

Place:

Date:

Authorized Signatory  
Name  
Company seal with address  
Phone No. / Email ID

**DECLARATION FORM**

**(See Rule 4)**

Shri/Smt./Kum. \_\_\_\_\_

Son/daughter/wife of Shri \_\_\_\_\_

Aged \_\_\_\_\_ years, resident of \_\_\_\_\_

\_\_\_\_\_

District \_\_\_\_\_ City \_\_\_\_\_

Do hereby declare as follows:

1) That I have filled my application for the post of

\_\_\_\_\_

2) I have (Number) of living children as on today \_\_\_\_\_

Out of which No. of children born after 28 March 2005 is \_\_\_\_\_

Date of Birth of children who born after 28 March 2005 \_\_\_\_\_

\_\_\_\_\_

3) I am aware that, if any total no. of living children is more than two due to the children born after 28<sup>th</sup> March 2006, I am liable to be disqualified for the same post.

**Place:**

**Date:**