

### NUCLEAR POWER CORPORATION OF INDIA LIMITED

A Government of India Enterprise



# APPLICATION FOR TRAINEE CA / CMA

1.	Practical Training applied for (PLEASE TICK)	INTER CA INTER CMA	Paste Recent
2.	Name of the Institute & Region	Name	Photo of the
	Registration No. :	Region	candidate
3.	Full name of Candidate		
4.	Father's Name		
5.	Mother's Name		
6.	Date of Birth (in DD/MM/YYYY format)	D D M M Y	EAR
7.	Category (SC/ST/OBC/EWS/UR) (Please tick)	SC ST OBC(NCL) SWS UR/GEN	
8.	Age as on <u>/ /</u> (Last date of application )		
	Age relaxation availed : Yes/No		
9.	Nationality		
10.	Gender		
11.	Marital Status (Single/Married/Divorcee)		
12.	Religion		
13.	PwBD : Yes/No	Yes	
	If Yes Type of Disability?	No	
	Percentage of Disability		
14.	Mother Tongue		
15.	State/UT of Domicile		

16.	Educa	tional Qu	ualifications		••••••					•••••
Exa Pas		Degre e	Discipline	College/In e	stitut	Board/ University	Mode of Stud y	Mon /Year of Enrol ment	Month /Year of passi ng	Agg rega te (0%)
SSC	(10 <sup>th</sup> )		<u>.</u>		••••••					
ma (	C/Diplo (12 <sup>th</sup> )									
Post										
Othe	ers				••••••					
		i cation of of Marks	EMAINTER CMA Sheet	.i \		<u>i</u>	<u>i</u>	<u>i</u>	<u>i</u>	.1
Aggregate of marks obtained in Inter CA/Inter CMA			nter		marks	<u> </u>				

### 17. Preference of Location /Region \*

Site	Region	Choice of Preference (1,2,3,)
NPCIL,HQ , Mumbai	Maharashtra	
TAPS	Maharashtra	
RAPS	Rajasthan	
NAPS	Uttar Pradesh	
KAPS	Gujarat	
KKNPP	Tamilnadu	
MAPS	Tamilnadu	
KGS	Karnataka	
GHAVP	Haryana	

<sup>\*</sup>Mostly the candidate selected will be posted to location where he/she attended Interview depend on available of vacancy.

#### 18. Other Details

### 19.a) Aadhar Card Number:

#### 19.b) Police Verification Certificate enclosed:

Police Verification Certificate enclosed	YES	NO
	If Yes. Give details	

## 19.c) Character & Conduct Certificate enclosed from institute

Character	&	Conduct	Certificate	YES	NO
enclosed fro	om in	stitute		If Yes, Give details	

Sr No	Sr.No. Name & Designation Org		anization	Relation	
OI.IVO.	Name & Designation	Org	amzation	Relation	
20. Correspondence Address			21. Permar	nent Address	
District			District		
State	Pin Code		State	Pin Code	
	Railway Station				
23. Contact I	Details		Email ID (CAPITAL LETTERS)		
Mobile No.			Elliali ID (C	AFIIAL LETTERS)	
Declaration b	y the Candidate				
		eligible	to apply f	or Training as specified in the	
Advorticomor					
(ii) I hereby	declare that all statement	s made	in the appl	ication are true to the best of m	
(ii) I hereby knowledge ar	declare that all statement nd belief.				
(ii) I hereby knowledge ar (iii) I am awa	declare that all statement nd belief. are that my application is	liable to	be rejected	d if the information given above is	
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Date:

Place:

(Signature of the Candidate)