

Last Date of Receipt: **21 July 2022**

To be sent by speed post/courier /by hand to:

**Chief General Manager (HR),  
BrahMos Aerospace,  
16 Cariappa Marg, Kirby Place,  
Delhi Cantt, New Delhi 110010**

(Applications received through Email or any other mode except as specified above will be summarily rejected)

# 3BRAHMOS AEROSPACE

## Application Format

Please attach Self  
attested Photograph

### Instructions:

- No covering letter required
- Applications should be tagged (no loose papers) with all enclosures in the following order :
  - i. Application format filled in and photo pasted properly to avoid peel off
  - ii. Detailed career profile (resume can be enclosed)
  - iii. Proof of Date of Birth , Copies of all Educational Certificates/Mark sheets starting with 1 Experience documents such as Appointment Letters, Relieving letters (as applicable) and the latest Salary Slip / Salary certificate
  - iv. Please don't send multiple applications for different locations. You may choose more than one location if required.

1. ( Name of the Post

**SYSTEMS ENGINEER**

2. Specialization  
(Please tick in appropriate box)

**Mech**

☐

**ECE/  
EEE**

☐

**CSE/  
IT**

☐

3. Place of Posting  
(Please tick in appropriate box)

**Hyderabad**

☐

**Nagpur**

☐

**Pilani**

☐

4. Name of the Candidate  
(Name as per PAN/AADHAAR)

5. Father/Husband's name

6. Date of Birth (dd mm yyyy format)  
(Born on or after **01 Jun 1994**)

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(d d m m y y y y)

7. Age as on 01 Jun 2022

Years

Months

(Age Limit **28 Years**)

8. Gender (Tick whichever is applicable)

**Male**

☐

**Female**

☐

7.

Marital  
Status

**Married**

☐

**Single**

☐

8. Telephone No.

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(STD Code)

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(Phone number)

9. Mobile No.

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(do not prefix '  
0' or '+91')

10. Email id

11. Address

Permanent Address

Correspondence Address

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| State |  |  |  |  |  |  | State |  |  |  |  |  |  |

| 12.             | <b>Details of educational Qualification : (Attach copies of Certificates &amp; Mark sheets starting with 10<sup>th</sup>)</b>                                                                                                                                                                      |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                      |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |  |                                                   |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------|-----------------|--|-----------------|--|-----------------|--|-----------------|--|-----------------|--|-----------------|--|-----------------|--|-----------------|--|--|---------------------------------------------------|
|                 | <b>Name of the Examination</b>                                                                                                                                                                                                                                                                     | <b>% of marks</b>        | <b>Main Subjects</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Year Passing</b> | <b>College/Board</b> |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |  |                                                   |
|                 | 10 <sup>th</sup> (Secondary)                                                                                                                                                                                                                                                                       |                          | General<br>(Attach copies of Certificates & Mark sheets)                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                      |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |  |                                                   |
|                 | 12 <sup>th</sup> (Higher Secondary)                                                                                                                                                                                                                                                                |                          | (Attach copies of Certificates & Mark sheets)                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                      |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |  |                                                   |
|                 | <b><u>Requisite Qualification</u></b><br>BE/B.Tech<br>(Tick the appropriate Specialization)<br><br>Mechanical <input type="checkbox"/><br>EEE <input type="checkbox"/><br>ECE <input type="checkbox"/><br>CSE / IT <input type="checkbox"/><br>Other <input type="checkbox"/><br>( please mention) | Overall<br>% of<br>marks | <table border="1"> <tr> <th>Semester</th> <th>% of Marks</th> </tr> <tr><td>1<sup>st</sup></td><td></td></tr> <tr><td>2<sup>nd</sup></td><td></td></tr> <tr><td>3<sup>rd</sup></td><td></td></tr> <tr><td>4<sup>th</sup></td><td></td></tr> <tr><td>5<sup>th</sup></td><td></td></tr> <tr><td>6<sup>th</sup></td><td></td></tr> <tr><td>7<sup>th</sup></td><td></td></tr> <tr><td>8<sup>th</sup></td><td></td></tr> </table> (Attach self attested copies of Semester wise Mark sheets) | Semester            | % of Marks           | 1 <sup>st</sup> |  | 2 <sup>nd</sup> |  | 3 <sup>rd</sup> |  | 4 <sup>th</sup> |  | 5 <sup>th</sup> |  | 6 <sup>th</sup> |  | 7 <sup>th</sup> |  | 8 <sup>th</sup> |  |  | <b>Name of College / Institution</b><br><br>_____ |
| Semester        | % of Marks                                                                                                                                                                                                                                                                                         |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                      |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |  |                                                   |
| 1 <sup>st</sup> |                                                                                                                                                                                                                                                                                                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                      |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |  |                                                   |
| 2 <sup>nd</sup> |                                                                                                                                                                                                                                                                                                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                      |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |  |                                                   |
| 3 <sup>rd</sup> |                                                                                                                                                                                                                                                                                                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                      |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |  |                                                   |
| 4 <sup>th</sup> |                                                                                                                                                                                                                                                                                                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                      |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |  |                                                   |
| 5 <sup>th</sup> |                                                                                                                                                                                                                                                                                                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                      |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |  |                                                   |
| 6 <sup>th</sup> |                                                                                                                                                                                                                                                                                                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                      |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |  |                                                   |
| 7 <sup>th</sup> |                                                                                                                                                                                                                                                                                                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                      |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |  |                                                   |
| 8 <sup>th</sup> |                                                                                                                                                                                                                                                                                                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                      |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |  |                                                   |
|                 | <b>PG/Others</b><br>.....                                                                                                                                                                                                                                                                          |                          | (Attach copies of Certificates & Mark sheets)                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                      |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |  |                                                   |

|     |                  |       |      |       |
|-----|------------------|-------|------|-------|
| 13. | Languages known. | Speak | Read | Write |
|     |                  |       |      |       |
|     |                  |       |      |       |

|     |                                                                                                                                    |                 |                |                                                                                                |
|-----|------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------|------------------------------------------------------------------------------------------------|
| 14. | <b><u>Experience:</u></b> (Attach detailed resume, Appointment / Relieving letters (as applicable) and Latest Salary Certificate ) |                 |                |                                                                                                |
|     | <b>Name &amp; Address of the Organisation</b>                                                                                      | <b>Duration</b> |                | <b>Designation &amp; Responsibilities</b>                                                      |
|     |                                                                                                                                    | <b>From</b>     | <b>To</b>      |                                                                                                |
|     | a. M/s.....<br>.....                                                                                                               |                 | <b>Present</b> | Designation:<br>Duties:<br><br>(Attach detailed resume, appointment letter/salary certificate) |
|     |                                                                                                                                    |                 |                | <b><u>Present Salary (per month)</u></b><br>Rs.....                                            |
|     | b. M/s.....<br>.....                                                                                                               |                 |                | Designation:<br>Duties:                                                                        |

|     |                                                                  |  |  |                                                          |
|-----|------------------------------------------------------------------|--|--|----------------------------------------------------------|
|     | c. M/s.....<br>.....                                             |  |  | (Attach Appointment / Relieving letters – self attested) |
|     |                                                                  |  |  | Designation<br>Duties:                                   |
|     |                                                                  |  |  | (Attach Appointment / Relieving letters – self attested) |
| 15. | Areas of Interest                                                |  |  |                                                          |
| 16. | References of two persons of repute (other than family members): |  |  |                                                          |
|     | Mr/Ms..... Tel. / Mobile<br>No.....                              |  |  |                                                          |
|     | Mr/Ms..... Tel / Mobile<br>No.....                               |  |  |                                                          |

17. Any other relevant information :

I hereby declare that all the information given above are true to the best of my knowledge. In case it is found at any stage of recruitment process or even after appointment that I have furnished any incorrect / false information or have suppressed any fact in this regard, my candidature / service is liable to be rejected / terminated without any notice.

Date 

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Place 

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Signature of the candidate

#### Index for Check List

Candidate should mark (✓) against relevant column to indicate the documents enclosed with the application form. Please note that the applications without supporting enclosures are liable to be rejected.

| Sl. No. | Enclosure details                                                                                                                                                                                                                                          | Attached |    |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----|
|         |                                                                                                                                                                                                                                                            | YES      | NO |
| (i)     | Passport size self attested <b>Photograph</b>                                                                                                                                                                                                              |          |    |
| (ii)    | Indicated your Date of Birth and attached photocopy of <b>Age Proof</b><br>(Self attested photocopy of 10 <sup>th</sup> Certificate / Mark sheet)                                                                                                          |          |    |
| (iii)   | Self Attested Photocopy of Certificates and Mark sheets of Educational Qualifications<br>(10th, 12th, <b>Graduation</b> , Post graduation or others if any)<br>(Note : <b>BE/B.Tech Certificate</b> and <b>Semester wise mark sheet must be enclosed</b> ) |          |    |
| (iv)    | Photocopies of <b>Experience Certificates</b> (mention correct date of joining and date of leaving in current/previous experience column)                                                                                                                  |          |    |
| (v)     | Photocopy of <b>Latest Salary Slip</b>                                                                                                                                                                                                                     |          |    |
| (vi)    | Photocopies of Other certificates and testimonials, if any                                                                                                                                                                                                 |          |    |

No. documents attached

Signature of the candidate

**Last date of submission of application : 21 July 2022**

1. Duly filled applications along with relevant enclosures, super scribing the envelope with the post & place applied for, to be sent to **The Chief General Manager (HR), BrahMos Aerospace, 16, Cariappa Marg, Kirby Place, Delhi Cantt., New Delhi - 110010.**
2. Please apply only for the post advertised.