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DELHI METRO RAIL CORPORATION LTD.

(A JOINT VENTURE OF GOVERNMENT OF INDIA AND GOVT OF DELHI)

ADVT. No. DMRC/PERS/22/HR/2025/217

ANNEXURE I

DMRC APPLICATION FORMAT

AFFIX A
RECENT
PASSPORT SIZE
SELF
ATTESTED
PHOTOGRAPH

(TO BE FILLED IN CAPITAL LETTERS BY THE APPLICANT)

S. No.	DETAILS	PARTICULARS				
1 A	POST NAME					
B	POSTCODE					
C	Basis of application (Please tick any one)	Post Retirement Contractual Engagement <input type="checkbox"/> Fixed Term Contractual Engagement <input type="checkbox"/>				
2	APPLICANT'S NAME(Sh./Smt./Ms.)					
3	FATHER'S/HUSBAND'S NAME (Sh.)					
4	DATE OF BIRTH (dd/mm/yyyy)					
5	Service					
6	Department					
7	AGE AS ON 01/12/2025	YEARS	MONTHS	DAYS		
8	CORRESPONDENCE ADDRESS					
		STATE:		PINCODE:		
9	CONTACT NUMBER WITH STD CODE					
10	MOBILE NUMBER					
11	EMAIL ID					
12	CATEGORY (SC/ST/OBC/GENERAL)					
13	DATE OF SUPERANNUATION, IF APPLICABLE					
14	EDUCATIONAL QUALIFICATION					
	Qualification	Particulars (name of degree)	Subjects	Institute/ University	% or CGPA	Passing Year
A	GRADUATION					
B	POST-GRADUATION					
C	OTHERS					

15	WORK EXPERIENCE DETAILS (AS ON 01/12/2025) (FILL ONLY THE APPLICABLE COLUMN)			
I	TOTAL WORK EXPERIENCE	YEARS	MONTHS	DAYS
A				
B	CURRENT ORGANIZATION			
B	LAST ORGANIZATION (if applicable)			
II	For applicant from the Railways/ Govt. organizations/PSUs/ Metro's in <u>CDA SCALE</u> (Complete details of service/position held since joining) (separate sheet may be attached)			
	Post Held	Organization Name with place of posting	Pay Scale (CDA)Mention the substantive Pay Scale with GP as applicable (MACP not to Be mentioned)	Period (From – To) dd/mm/yy–dd/mm/yy
A				
B				
C				
D				
III	For applicant from the Railways/ Govt. Organizations/PSUs/ Metro's in <u>IDA SCALE</u> (Complete details of service/position held since joining) (separate sheet may be attached)			
	Post Held	Organization Name with place of posting	Pay Scale (IDA)	Period (From – To) dd/mm/yy–dd/mm/yy
A				
B				
C				
D				
IV	For applicant from the Private Organization (Complete details of service/position held since joining) (separate sheet may be attached)			
	Post Held	Organization Name with place of posting	Annual CTC	Period (From – To) dd/mm/yy–dd/mm/yy
A				
B				
C				
D				
V	ESSENTIAL WORK EXPERIENCE			
A	HAVING EXPERIENCE OF SIGNALLING AND TELECOMMUNICATIONS DEPARTMENT AS DESIRED IN PARA (2.1) & (2.2) THE ADVERTISEMENT			YES/ NO
B	WORKING IN / RETIRED FROM CDA/ IDA PAY SCALE, AS MENTIONED AT PARA 2.1 (B) OF THE ADVT. (WHEREVER IS APPLICABLE)			YES/ NO
C	HAVING AN ANNUAL CTC, IF WORKING IN PRIVATE ORGANIZATION, AS MENTIONED AT PARA 2.2 (D) OF THE ADVT. (WHEREVER IS APPLICABLE)			YES/ NO

VI	BREIF DESCRIPTION OF THE WORK EXPERIENCE	
16	WHETHER ANY CONVICTION (by court of Law)/PUNISHMENT/PENALTY (due to disciplinary action by employer) AS AWARDED TO THE APPLICANT IN THE LAST 10 YEARS	YES/ NO
	IF YES, DETAILS THERE OF	Separate sheet may be enclosed
17	WHETHER ANY CASE IS PENDING IN THE COURT OF LAW OR ANY DISCIPLINARY ENQUIRY IS GOING ON, AGAINST THE APPLICANT	YES/ NO
	IF YES, DETAILS THERE OF	Separate sheet may be enclosed
18	NOC FROM CURRENT EMPLOYER ENCLOSED	YES/ NO
19	VIGILANCE AND D&AR STATUS FROM THE CURRENT EMPLOYER ENCLOSED	YES/ NO
20	COPIES OF THE ANNUAL PERFORMANCE APPRAISAL REPORT OF THE LAST 5 YEARS ENCLOSED	YES/ NO
21	WHETHER APPEARED FOR INTERVIEW IN DMRC IN THE PAST (IF YES, DETAILS THERE OF)	
22	ANY OTHER RELEVANT INFORMATION (DISTINCTION/AWARD/CERTIFICATE, etc.,)	
23	HOBBIES/INTERESTS	

I hereby declare that the particulars furnished above are true. I understand that my candidature will be cancelled, if any information is found to be incorrect or, false at any point in time.

Date: _____

Place: _____

Signature of candidate

Name: _____

Mobile No.: _____

Email ID: _____

Documents to be enclosed (whichever applicable)

1. Educational Certificates (Matriculation/ Graduation/Post Graduation & Others)
2. Work Experience Certificate / Service certificate
3. CTC proof and Last three months' pay slip
4. Last promotion order in support of substantive grade
5. Copy of PPO, in case of working in Govt/PSUs/Metro
6. NOC from present Employer, if presently working in Govt./ PSUs/ Metro
7. D&AR and Vigilance clearance in attached pro-forma at Annexure-II, in case of working in Govt/PSUs/Metro
8. APARs of the Last 5 years, in case of working in Govt/PSUs/Metro

**PARTICULARS OF THE OFFICIAL/EXECUTIVE FOR WHOM VIGILANCE COMMENTS/CLEARANCE
BEING SOUGHT**

(To be furnished and signed by the CVO or HoD)

1. Name of Official (in full) : _____
2. Father's Name : _____
3. Date of Birth : _____
4. Date of Retirement : _____
5. Date of Entry into service : _____
6. Service to which the official : _____

Belongs including batch/year cadre-
etc wherever applicable.

7. Positions held including whether the :
Officer has functioned as a CVO in
Part time or additional charge capacity
(During the ten preceding years)

S. No	Organization (Name in Full)	Designation & place of posting	Administrative/Nodal Ministry/Deptt. Concerned (in case of officers of PSUs etc.,)	From	To
1.					
2.					
3.					
4.					
5.					
6.					

Date:

(SIGNATURE)

Name: _____

Designation: _____

VIGILANCE PROFILE OF THE OFFICIAL/EXECUTIVE FOR WHOM VIGILANCE
COMMENTS/CLEARANCE BEING SOUGHT

(To be furnished and signed by the CVO or HoD)

Name of the Official: _____

8.	Whether the Official has been placed on the "Agreed List" or "List of Officers of Doubtful Integrity" (If yes, details to be given)	
9.	Whether any allegation of misconduct involving vigilance angle was examined against the officer during the last 10 years and if so, with what result	
10.	Whether any punishment was awarded to the officer during the last 10 years and if so, the date of imposition and details of the penalty	
11.	Is any disciplinary/ criminal proceedings or charge sheet pending against the officer, as on date	
12.	Is any action contemplated against the officer as on date (If so, details to be furnished)	
13.	Whether any complaint with vigilance angle is pending against the officer (If so, details to be furnished)	

Date:

(SIGNATURE)

Name: _____

Designation: _____