



**GENERAL INSURANCE CORPORATION OF INDIA**  
**(A wholly owned Government of India Company)**

**SPECIAL RECRUITMENT DRIVE FOR PERSONS WITH DISABILITIES**

(Please fill the application form in CAPITAL LETTERS only)

Paste Self  
Attested recent  
passport size  
color photograph

1.	Name of the Post applied for (as per the Detailed Web Advertisement)	
2.	Name in Full	
3.	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
4.	Father's Name	
5.	Mother's Name	
6.	Marital Status	.....(Married/Single/Divorcee/Widow(er))
7.	Nationality	
8.	State of Domicile Place of Birth	
9.	Date of Birth (DD/MM/YYYY)	
10.	Age as on 31.01.2016	.....years.....months.....days
11.	Religion (Please tick)	Hindu/ Muslim/ Christian/ Sikh/ Neo-Buddhist/ Zoroastrians/ Jain/ Others Specify
12.	Category	SC/ ST/ OBC/ GEN
13.	Permanent Address	Address for communication (All future communications will be made at this address only)
14.	Phone / Mobile number	
15.	E-mail ID	
All correspondences to the candidates will be made via e-mail on the e-mail id provided by the candidate in the application form. No other mode of communication will be adopted.		
16.	Nearest Railway Station	
17.	Are you an Ex-servicemen	Yes No
18.	If yes, Date of Joining of Service Date of Discharge from the service	
19.	Disability (Tick mark)	VI – BL / LV HI
		Temporary Permanent

20.	Degree of disability	.....%
21.	Details of Disability Certificate	Certificate No:.....
		Date of Issuance:.....
		Issuing Authority:.....
22.	Do you want to use the service of the scribe?	YES <span style="margin-left: 150px;">NO</span>

**23. Educational Qualification (Since class 10th onwards)**

Qualification	Name of University/ Institute/ Board	Month & Year of passing	Duration of course	Marks obtained (percentage)	Whether regular or not

**24. Previous Employment details:**

Name of the organisation	Designation held	Duration of experience		Gross Salary	Reason for Leaving
		From	To		

**25. List of documents attached with this application.**

Sr No	Particulars of self attested documents	Attached (Yes/ No)
1	Date of Birth	
2	Educational Qualification certificates (10th onwards)	
3.	Caste Certificate, if applicable	
4.	Disability certificate	

I hereby declare that the particular furnished above are complete and correct to the best of my knowledge and belief. I understand that if at any stage, it is found that the information given in the application is false or incorrect or I do not satisfy the eligibility criteria, my candidature/ appointment is liable to be cancelled.

Date: .....

Place : .....

.....  
Signature of the candidate