

THE NEW INDIA ASSURANCE COMPANY LIMITED

AFFIX RECENT PASSPORT SIZE COLOUR PHOTOGRAPH & SIGN ACROSS

## ASSISTANT RECRUITMENT EXERCISE 2024 DATA SHEET & DECLARATION

State / UT applied for											
Venue for RLT											
Roll Number											
<b>Full Name</b> (in Capital letters)	MR. / M	S. / MRS.	(First I	Name)	(№	liddle Name	e)	(La	ast Name)		
Father's / Husband's Name & Occupation											
Present Address in full for correspondence											
	State						PIN				
E-mail ID											 •
Mobile Number											
Alternate Mobile No.											
Nearest Railway Station											
Permanent Address											
	State						PIN				
Date of Birth	/	/	(dd	l/mm/yyy	/у)						 •
Age as on 01/12/2024		years									
Place of Birth											
State of Domicile											
Gender (please tick)	Male	e Fe	male	Oth	er						
Religion											
Marital Status									<u>.</u>		
Language known					<u>.</u>						
Category	UR	SC		ST	OBC	EWS	S				
(please tick)	Domicil	ed :-									
Change of category from that furnished in	ategory Caste Name :-										
online application form	Caste C	ertificate Re	f. No. :-								
will disqualify the candidate from the	Date of	Issuance :-									
recruitment process	Issuing Authority :-										

Whether PwBD ? (please tick)	Yes / No	Type of Disability :- (please tick)	VI	ні	ос	ID	MD	Percentage of Disability :-	%
Whether Ex-Servicem / Dependent of Service									
Whether existing confirmed employee of Public Sector General Insurance Companies (including GIC & AICL) ?	Yes / No								
	Name of Cor	on :-							
	Salary Roll N			Designation :-					
	Place of Pos			Date	of Cor	nfirmati	on :-		

Educational Qualification as on 01/12/2024 :-								
	Name of Board / University	Examination Passed	Date of Passing	Aggregate Marks & %	Class / Division	Subjects Offered		
1) SSC								
2) HSC								
3) Graduation								
4) Post Graduation								
5) Any other								
Are you pursuing further studies								
(If yes, give details)								
Academic Distinctions, prizes,								
scholarships, etc.								
	Name of Ir	nstitute	Examin	ation Passed	Da	Date of Passing		
Insurance Qualification								

Name & full address of Employer(s)	Designation /	Per	iod	Scales &	Reason(s) for	
	Post held	From	То	Pay drawn	leaving	

## **CANDIDATE'S DECLARATION**

## I hereby declare that :

- I have carefully read and understood the instructions given in the advertisement and all statements made in the application are true and correct to the best of my knowledge and belief and no relevant information has been concealed. I am not aware of any circumstances which might impair my fitness for employment under Government / PSU.
- 2) Mere submission of application for this post will not entail right for claiming appointment.
- 3) In the event of any information being found false or incorrect, and in the event of any misrepresentation, misstatement or discrepancy in the particulars being detected prior to or after my appointment, my candidature / services for the post applied is liable to be cancelled / rejected / terminated forthwith at any stage without giving any notice to me.
- 4) I have never been debarred / disqualified / restricted from appearing in any examination, selection, interviews, etc., conducted by any institution, board, Public Service Commission, Staff Selection Commission or instrumentality of the State.
- 5) I have never been arrested, prosecuted, convicted, fined, or any case is pending in any Court of Law or involved in any other case registered by Police at the time of submitting this application for the post applied.
- 6) I have never been expelled / withdrawn / discharged from any training Institution of Government or others.
- 7) If detained, arrested, prosecuted, bound down, fined, convicted, debarred etc. subsequent to the completion and submission of this application, the details will be communicated immediately in writing to the Company, failing which it will be deemed to be suppression of factual information.
- 8) The information provided by me is complete and correct and if found false, suppressed or incomplete, either at the recruitment stage or at any time during the course of employment, I may be disqualified and my services would be liable to be terminated forthwith without any notice.
- 9) I am willing to serve the Company anywhere in India. During the tenure of my service, I shall be liable to be transferred to any place in India and / or outside India, within or across the Public Sector Non-Life Insurance Companies / General Insurance Corporation of India (GIC) or from one department to another or to be deputed to any organization / institution / entity / department associated with and / or affiliated to the Companies / GIC or with whom they have any official relation or business link as may be deemed from time to time
- 10) I agree that the Company has the right to transfer me to any part of the Country at its discretion.

## \* Signature of Candidate :

Date :

Place :

\* Note : Data Sheet should be signed in front of the Company Officials at Regional Language Test Venue.