

ए वी एन एल शिक्षण संस्थान आवडी
आर्मर्ड व्हीकल्स निगम लिमिटेड की इकाई
भारत सरकार का उद्यम
रक्षा मंत्रालय



AVNL INSTITUTE OF LEARNING AVADI
UNIT OF ARMoured VEHICLES NIGAM LIMITED
A GOVT. OF INDIA ENTERPRISE
MINISTRY OF DEFENCE

CIN-U35990TN2021GOI145504

No.AVNL IOLAV/1021/RECURITMENT/2024-25

DATE: 24.03.2025

The list of provisionally selected candidates appeared for interview held on 12.03.2025
for engagement against Fixed Term Contract Basis is as follows:

- Ref: 1) ADVERTISEMENT No. AVNLIOLAV/FTC/RECRUITMENT/2024/02 DT:30/11/2024
2) CORRIGENDUM AVNL IOLAV/FTC/RECURITMENT/2024/03 DT:28/12/2024

Post Name: Young Professional(HR)

S.No	Name(Shri./Smt)	DOB	Category	Selected Against
1	ANISHRAJ M	30/07/2001	SC	UR-1
2	SAI YOGHA SREE GK	29/06/2000	General	UR-2
3	YASHODA JOSHI	09/07/1999	General	UR-3
4	KRISHNAN R	10/06/2001	OBC-NCL	OBC-NCL

The above mentioned candidates are requested to join AVNL Institute of Learning, Avadi on
or before 25.04.2025. All the instructions are enclosed herewith.

(R.SAVEETHA)
JWM(SG)/HR& IT
FOR CGM/AVNL IOLAV

पता : भा. वा. नि. एस्टेट, आवडी, चेन्नई-600 054
ADDRESS: HVF ESTATE, AVADI, CHENNAI-600 054.
दूरभाष सं / PHONE NO : 044-26372389, 044-26843004
फैक्ससं/FAX NO: 044-26375479, ईमेल / E-Mail: iolavd@avn.co.in
वेबसाइट/Website: avnl.co.in

पंजीकृत पता : भा. वा. नि. रोड, आवडी, चेन्नई-600 054
REGD. ADDRESS: HVF ROAD, AVADI, CHENNAI-600 054.
दूरभाष सं / PHONE NO : 044-26383601, 044-26384784
ईमेल / E-Mail: info@avn.co.in
वेबसाइट/Website: avnl.co.in

CIN-U35990TN2021GOI145504

No.AVNL IOLAV/1021/RECRUITMENT/2024-25

DATE: 22.03.2025

The list of provisionally selected candidates appeared for interview held on 12.03.2025 for engagement against Fixed Term Contract Basis is as follows:

Ref: 1) ADVERTISEMENT No. AVNLIOLAV/FTC/RECRUITMENT/2024/02 DT:30/11/2024
2)CORRIGENDUM AVNL IOLAV/FTC/RECRUITMENT/2024/03 DT:28/12/2024

Post Name: Young Professional(HR)

S.No	Name(Shri./Smt)	DOB	Category	Selected Against
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2	SAI YOGHA SREE GK	29/06/2000	General	UR-2
3	YASHODA JOSHI	09/07/1999	General	UR-3
4	KRISHNAN R	10/06/2001	OBC-NCL	OBC-NCL

Kindly follow the Instruction given below:

- The candidates are requested to bring hard copies of PVR, Medical Fitness Certificate, Cast Validity Certificate, Attestation Form, Original Aadhar Card and Pan Card and Original qualification certificates when you are joining.
- The above candidates are required to obtain online Police Verification Report.
- Candidates are requested to obtain Medical fitness Certificate from the Asst. Civil Surgeon/Civil Surgeon of Govt. Hospital, CGHS Hospital/CGHS affiliated Hospital of the parameters which needs to be physically tested. The sample test which is mandatory required to be performed by the candidate to be declared as fit is to be enclosed as Annexure -1.
- Candidates are requested to submit (Undertaking Under Indian Official Secret Act-1923) copy enclosed as Annexure -2.
- Attestation Form as Annexure -3.
- OBC-NCL Candidates are requested to obtain latest caste validity certificate.

(HR Division)

Armoured Vehicles Nigam Limited,
Institute of Learning, Avadi, Chennai

Annexure-1

ARMoured VEHICLES NIGAM LIMITED, INSTITUTE OF LEARNING, AVADI
CHENNAI-600054
PRE-APPOINTMENT MEDICAL EXAMINATION

Candidate's personal declaration:

(To be filled in by the candidate with the assistance of hospital staff assigned for the purpose)

Please answer all questions honestly, accurately and completely. If you do not understand any question, please seek clarification from the examining medical officer or staff designated to assist you. The information provided regarding your medical history and health habits will be used to make a careful medical assessment of whether you can safely and efficiently perform the essential functions of the job for which you are a candidate and will not necessarily disqualify you from employment. Detailed medical information will be treated confidentially.

Please note that furnishing of false information or suppression of any factual information would be a disqualification for the job and will render the candidate unfit for any employment under the Government. If the fact that false information has been furnished or that there has been suppression of any factual information comes to notice at any time during the service of a person, the candidate's services would be liable to be terminated.

Candidate's personal information:

1. Post for which the candidate has been Offered appointment.
2. Name in full (In block letters) (last, first, middle):

3. Date of Birth: _____
4. Age: _____yrs(In completed years)
5. Sex: Male/Female
6. Marital Status: Married/Unmarried

Paste photo of the candidate here. To be attested by the MO carrying out the medical examination

Contd..2/-

Health questionnaire:**Do you now have or have ever had any of the following conditions?****(Strike out whichever is not applicable)**

1	High Blood pressure	Yes	No	28	Giddiness/fainting	Yes	No
2	Heart/blood vessel disease	Yes	No	29	Loss of consciousness	Yes	No
3	Irregular heart rhythm	Yes	No	30	Severe/frequent headaches	Yes	No
4	Abnormal ECG	Yes	No	31	Speech disorder	Yes	No
5	Varicose veins	Yes	No	32	Balance problem	Yes	No
6	Chest pain	Yes	No	33	Stroke, aneurysm or bleeding in head	Yes	No
7	Breathlessness	Yes	No	34	Paralysis or muscle abnormality	Yes	No
8	Leg swelling	Yes	No	35	Any other neurological abnormality	Yes	No
9	Leg pain on walking	Yes	No	36	Mental illness	Yes	No
10	Asthma	Yes	No	37	Depression	Yes	No
11	Tuberculosis	Yes	No	38	Attempted suicide	Yes	No
12	Cough > 1 month	Yes	No	39	Eye/vision problem	Yes	No
13	Coughing up of blood	Yes	No	40	Need for corrective lenses?	Yes	No
14	Blood disorder/anaemia	Yes	No	41	Deficiency of colour vision	Yes	No
15	Abnormal blood clotting	Yes	No	42	Oral health problems	Yes	No
16	High or low blood cell counts	Yes	No	43	Digestive problem	Yes	No
17	Enlarged spleen	Yes	No	44	Difficulty in swallowing	Yes	No
18	Diabetes	Yes	No	45	Blood in motion	Yes	No
19	Thyroid or other endocrine problem	Yes	No	46	Frequent or persistent stomach pain	Yes	No
20	Kidney problem	Yes	No	47	Frequent or persistent vomiting	Yes	No
21	Urine problem	Yes	No	48	Vomiting of blood	Yes	No
22	Skin problem	Yes	No	49	Jaundice	Yes	No
23	Infectious/contagious diseases	Yes	No	50	Hernia	Yes	No
24	Genital problems	Yes	No	51	Piles	Yes	No
25	Pregnancy	Yes	No	52	Motion problems	Yes	No
26	Frequent or persistent sleep problems	Yes	No	53	Liver, pancreas or gall bladder disease	Yes	No
27	Epilepsy/fits	Yes	No				

Contd..3/-

54	Ear/nose/throat/sinus problems	Yes	No	64	Loss of weight > 5kg in last 6 months	Yes	No
55	Hearing deficiency	Yes	No	65	Medical treatment in past 12 months	Yes	No
56	Hoarseness of voice	Yes	No	66	CT scan, MRI or other special tests	Yes	No
57	Joint problems/Restricted mobility	Yes	No	67	Loss/excess of appetite > 1 month in last 6 months	Yes	No
58	Back problems pain	Yes	No	68	Fever last one month	Yes	No
59	Amputation	Yes	No	69	Frequent or persistent itching	Yes	No
60	Fractures/dislocations	Yes	No	70	Organ transplant	Yes	No
61	Any pins, plates or screws in legs or feet?	Yes	No	71	Cancer or tumour	Yes	No
62	AIDS, HIV infection or hepatitis	Yes	No				
63	Significant injuries	Yes	No				
72	Have you ever had any operation ?					Yes	No
73	Have you ever been hospitalized ?					Yes	No
74	Are you aware that you have any medical problems, diseases or illnesses?					Yes	No
75	Are you allergic to any drug, food or other substances ?					Yes	No
76	Any health problem, which requires visits to doctor, or for which you take regular drugs?					Yes	No

If any of the above questions were answered "yes", please give details by referencing item number. Provide information regarding diagnosis and treatment, including dates of treatment. Please use additional sheet (s), if necessary.

Are you taking any drugs?	Yes	No
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If yes, please list the medications taken and the purpose (s) and dosage(s).

For Female Candidates only :

(Strike out whichever is not applicable)

Menstrual History

Age at which first menses occurred: yrs

Duration of menstrual period: days.

Quantity: Normal//clots/profuse/scanty

Pain during menses: YES/NO

Menstrual cycles: Regular/Irregular

Duration of menstrual cycle: days

Last menstrual period began on:

Obstetric History

Number of pregnancies:

Live births:

◆ Normal delivery :

◆ Caesarean :

◆ Forceps :

Still birth :

Abortions :

Occupational History:

(Strike out whichever is not applicable)

77	Have you ever been exposed to fumes, dust, chemicals, asbestos, loud noise or radiation at work or elsewhere?	Yes	No
78	Have you ever received worker's disability/compensation?	Yes	No
79	Have you been absent from work of medical reasons in the past five years ?	Yes	No
80	Have you ever required light or restricted duty ?	Yes	No
81	Have you ever had any occupational injury	Yes	No

If any of the above questions were answered "yes", please give the details by referencing item number. Please use additional sheet(s), if necessary.

Do you use: (Strike out whichever is not applicable)

	Now		In past		Details
Cigarettes	Yes	No	Yes	No	
Tobacco	Yes	No	Yes	No	
Alcohol	Yes	No	Yes	No	
Drug	Yes	No	Yes	No	

Contd..5/-

Family medical history:

Have your father, mother, any brother or sister had or has the following condition?
(Mark Yes/No)

Asthma	Yes	No
Allergic disease	Yes	No
Epilepsy	Yes	No
High Blood pressure	Yes	No
Diabetes	Yes	No
Heart disease	Yes	No
Cancer	Yes	No
Stroke	Yes	No
Tuberculosis	Yes	No
Any other chronic or serious disease	Yes	No

If any "yes" answer, please give details by referencing item number

If father, mother, any brother or sister is not alive, their age and cause of death

Immunization status :

Tetanus prophylaxis status:

1. Total ≥ 3 injections & last < 10 yrs
2. Total ≥ 3 injections & last < 10 yrs
3. Total < 3 injections

Others: (e.g. hepatitis B for health workers)

Past medical examinations:

1. Have you been examined by a Medical Board before? Yes/No
2. If answer to the above is YES, please state
 - a) What service/services you were examined for?
 - b) Who was the examining authority?
 - c) When and where was the Medical Board held?
 - d) Results of the Medical Board's Examination if communicated to you or if known.

// 6 //

I hereby certify that all the above answers are, to the best of my knowledge and belief, true and correct.

Candidate's
Signature

Signed in my presence

(Signature of MO)

Date:

(Name & designation (seal)

Health advice given:

Additional history recorded by medical officer:

Contd..7/-

PROFORMA FOR PRE-EMPLOYMENT MEDICAL EXAMINATION REPORT

**ARMoured VEHICLES NIGAM LIMITED, INSTITUTE OF LEARNING,
AVADI CHENNAI-600054
PRE-APPOINTMENT MEDICAL EXAMINATION**

Ref: The requisition for medical examination No..... dated.....

Name of the post:

Name of the candidate:

Personal Identification marks of the candidate:

1. _____

2. _____

3. Initial examination _____

4. Re-examination (refer our previous report dated _____)

The photo of the candidate to be pasted and attested by the MO carrying out the medical examination

Report:

I hereby certify that I have evaluated the above certificate for medical fitness for employment in Armoured Vehicles Nigam Limited, Institute of Learning, Avadi, Chennai on the above post on the basis of the information provide regarding working conditions and the requirements of physical abilities for the post candidate's personal declaration, my clinical examination and investigation results and accordance with standing instructions of Ordnance Factory Board. On the basis of above evaluation, my opinion regarding the medical fitness of the candidate for the above post is:

5. Fit

Description of restrictions/required aids, if any: _____

6. Unfit

7. Temporarily of unfit for a period of _____

Date:

Signature of the M.O:

Name of MO :

Designation of MO :

I acknowledge that I have been advised of the content of the medical examination form. I consent to the release of medical information under description of restrictions/aids required about me given above.

Signature of the Candidate: _____

(To be signed in the presence of examining medical officer)

भारतीय शास्कीय गोपनीयता आधिनियम-1923 के अंतर्गत वचंबद्धता

UNDERTAKING UNDER INDIAN OFFICIAL SECRETS ACT-1923

भारतीय शास्कीय गोपनीयता आधिनियम-1923 के अंतर्गत वचंबद्धता

UNDERTAKING UNDER INDIAN OFFICIAL SECRETS ACT-1923 DECLARATION

1. I have read carefully the provisions under Section 4, 5 & 6 of the Indian Official Secrets Act, 1923, understood the content along with other provisions of the Act of the penalties for violation of the said provisions and hereby solemnly affirm to abide by the provision of the said Act.
2. I will not communicate any code or password, sketch, plan, model, munition of war of Defence item photograph, article, note, document or any other electronic media depicting the activities pertaining to Defence and National Security or information to any person other than a person to whom I am authorized to communicate it, or a court of justice or a person to whom it is, in the interests of the state my duty communicate it.
3. I will not use information in my possession for the benefit of any foreign power or in any other manner prejudicial to the safety of the state.
4. I will not retain the sketch, plan, model, article, note or document or in any other form including electronic media in my possession or control when I have to retain or when it is contrary to my duty to retain it, and will not fail to comply with all the directions issued by lawful Authority with regard to the return/ disposal thereof.
5. I will take responsible care of, or so conduct myself so as not to endanger the safety of sketch, plan model, article, note, document, secrete official code or password or information.
6. I also read the provision under the Cyber Security norms for maintaining utmost care in dealing with Government websites, e-mails, WhatsApp and any other social media.

Signed in my presence

signature of the employee

Name of the employee

Name & Signature of
Responsible officer with Designation

P. No.:
Department:
Designation:

Annexure-3

ATTESTATION FORM

<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>Affix signed Passport size (5 cms. X 7 cms.) Approx. copy Of recent photograph</p> </div>	<p>1.</p> <p>2.</p> <p>3.</p>	<p style="text-align: center;">“ WARNING</p> <p>The furnishing of false information or suppression of any factual information in the Attestation form would be disqualification, and is likely to render the candidate unfit for employment under the government.</p> <p>If detained, arrested prosecuted, bound down, fines convicted, debarred, acquitted etc, subsequent to the completion and submission of this form, the details should be communicated immediately to the authorities to whom the Attestation Form has been sent early, failing which it will be deemed to be a suppression of factual information.</p>	
		<p>If, the fact that false information has been furnished or that there has been suppression of any factual information in the attestation form comes to notice at any time during the service of a person his services would be liable to be terminated”.</p>	
1.	Name in full (in block capitals) with aliases, if any, (Please indicate if you have added or dropped in any stage, any part of your name or surname.	surname	name
2.	Present Address in full (i.e. Village, Thana and District, or House No. Lane/Street/Road & Town.		

3.(a)	Home Address in full (i.e. Village, Thane & District, or House No. Lane/Street/Road and Town and name of District Headquarters)		
(b)	If originally a resident of Pakistan/Bangladesh (erstwhile East Pakistan) the address in that country and the date of migration to Indian Union.		
4.	Aadhar Card No.		
5.	PAN NO.		
6.	Nationality		
7.(a)	Date of Birth		
(b)	Present age		
(c)	Age at Matriculation		
8.(a)	Place of birth, district and state in which situated		
(b)	District and State to which you belong.		
(c)	District and State to which your father originally belong.		
9.(a)	Your Religion		
(b)	Are you a member of a scheduled Caste/Schedule Tribe/Other Backward Classes? (Answer Yes/No)		

10.	Particulars of places (with periods of residence) where you have resided for more than one year at a time during the preceding five years. In case of stay abroad (including Pakistan), particulars of all places where you have resided for more than one year after attaining the age of 21 years, should be given.					
From	To	Residential Address in full (i.e. Village Thane & District or House No. Lane/Street/Road & Town			Name of the District (Head Quarter or the place mentioned in preceding column.	
11.	Name (in full & aliases if any	Nationality (by birth & or by domicile	Place of birth	Occupation if employed give designation & official address	Present postal address (if dead vive last address	Permanent Home address
a) Father						
b) Mother						
c) Spouse						

12.	Information to be furnished with regard to son(s) and/or daughters in case they are studying/living in a foreign country:			
Name	Nationality by birth & or by domicile	Place of birth	Country in which studying/living with full address	Date from which studying/living in the country mentioned in the previous column
13.	Education Qualification showing places of education with years in Schools and Colleges since 15 th year of age:			
Name of School/College (with full address)		Date of Entering	Date of Leaving	Examination Passed
14 (a)	Are you holding or have any time held an appointment under Central or State Government or a Semi Government or a Quasi Government body or an autonomous body or a public Sector Undertaking or a private firm or institution? If so, give full particulars with date of employment up-to-date			
Period		Designation, emoluments & nature of employment	Full name & address of employer	Reasons for leaving previous service
From	To			

14.(b)	<p>If the previous employment was under the Government of India/ a State Government/ undertaking owned or controlled by the Government of India or a State Government/ and Autonomous Body/University/Local Body.</p> <p>If you had left service on giving a month's notice under Rule 5 of the Central Civil Services (Temporary Service) Rules 1965, or any similar corresponding rules, were any disciplinary proceedings framed against you, or had you been called upon to explain your conduct in any matter at the time you gave notice of termination of service, or at a subsequent date(s), before your service actually terminated?</p>		
15(i)	(a)	Have you ever been kept under detention?	Yes/No
	(b)	Have you ever been arrested?	Yes/No
	(c)	Have you ever been prosecuted? (i.e. has a charge sheet in a criminal case been filed against you in any court of law)	Yes/No
	(d)	Is any criminal case pending against you in any Court of law at the time of filling up this Attestation form?	Yes/No
	(e)	Have you ever been convicted by a court of Law for any Office?	Yes/No
	(f)	Whether discharged/expelled/withdrawn from any training/institution under the Government or otherwise?	Yes/No
	(g)	Have you ever been rusticated by any University or any other education authority/institution?	Yes/No
	(h)	Have you ever been debarred / disqualified by any Public Service Commission/Staff Selection Commission for any of its examination/selection?	Yes/No
(ii)		If the answer to any of the above mentioned question is 'Yes' give full particulars of the case/arrest/detention/fine/conviction/sentence/punishment etc and/or the nature of the case pending in the Court/University/Education Authority etc at the time of filling up this attestation form:	
Notes:	(i)	Please also see the 'WARNING' at the top of this Attestation Form	
	(ii)	Specific answers to each of the questions should be given striking out 'Yes' or 'No' as the case may be	

16.	Name of two responsible person of your locality or two references to whom you are known:	1) 2)
<p style="text-align: center;">DECLARATION</p> <p>I certify that foregoing information is correct and complete to the best of my knowledge and belief.</p> <p>I am fully aware that by providing false information or suppressing material information while filling this form, the authorities have full right to terminate my appointment letter and I am also liable for appropriate criminal/civil/legal action as a consequence.</p> <p>I am not aware or any circumstances which might impair my fitness for employment under Government.</p> <p style="text-align: right;">Signature of candidate: Date: Place:</p>		

TO BE FILLED BY THE OFFICE

- i) Name, Designation and full address of the appointment authority.
Shri PRAVEEN KUMAR, Chief General Manager, Armoured Vehicles Nigam Limited,
Institute of Learning, Avadi, Chennai.
- ii) Post for which the candidate is being considered: Young Professionals (HR Generalist)