

## Application Format

Advt No GAIL/VJPR/MS/Contract/Med Professionals/01/20-21  
Post Applied For

Affix Recent  
Passport Size  
Color  
Photograph

|    |                                    |  |
|----|------------------------------------|--|
| 1  | Name of Candidates                 |  |
| 2  | Nationality                        |  |
| 3  | Father's/Spouse Name               |  |
| 4  | Mother's Name                      |  |
| 5  | Date of Birth                      |  |
| 6  | <b>Mailing Address: -</b> House No |  |
|    | Area                               |  |
|    | City/Town with PIN Code            |  |
|    | District                           |  |
| 7  | Telephone No                       |  |
| 8  | Mobile No                          |  |
| 9  | Email Id                           |  |
| 10 | Council Registration No & Place    |  |

Qualification:

| Sl No | Exam Passed | University | Year of Passing | Class | % of Marks |
|-------|-------------|------------|-----------------|-------|------------|
|       |             |            |                 |       |            |
|       |             |            |                 |       |            |
|       |             |            |                 |       |            |

Experience:

| Sl No | Organization | Post Held | Period |    | Last Pay Drawn | Nature of Duties |
|-------|--------------|-----------|--------|----|----------------|------------------|
|       |              |           | From   | To |                |                  |
|       |              |           |        |    |                |                  |
|       |              |           |        |    |                |                  |
|       |              |           |        |    |                |                  |

I certify that the above information is correct and supporting documents are enclosed.

Place:

Signature:

Date:

Name: