Application Format

Affix Recent Passport Size Color Photograph

Advt No GAIL/PATA/MS/Contract/Med Professionals…….

Post Applied For:

Personal Details:

1	Name of the Candidate	
2	Nationality	
3	Father's/Spouse Name	
4	Mother's Name	
5	Date of Birth	
6	Category (UR/OBC/SC/ST/EWS)	
7	**Mailing Address**	
	House No Street	
	Area	
	City/Town with PIN Code	
	District	
8	Telephone No	
9	Mobile No	
10	Email Id	
11	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:
Date:

Signature:
Name: