

NATIONAL ALUMINIUM COMPANY LIMITED
CORPORATE OFFICE
NALCO Bhawan, P/1 Nayapalli, BHUBANESWAR-751013

ANNEXURE-I

Paste your recent
colour passport
size photo

BIODATA FORM

Post Applied For: _____ Grade: _____

Scale of Pay/Consolidated Pay : _____

Name in Full (Capital letters) : _____

Father's Name (Capital letters) : _____

Permanent Address :			Present Address :		
			Mobile No.:		
			E- Mail:		
Date of Birth	Place of Birth	Nationality	Religion	Domicile State	Gender

- a. Do you belong to the Scheduled Caste? Yes () No ()
- b. Do you belong to a Scheduled Tribe? Yes () No ()
- c. Do you belong to OBC(NCL)? Yes () No ()
- d. Are you an Ex-serviceman? Yes () No ()
- e. Are you a Person with Benchmark Disability (PwBD)? Yes () No ()
- f. Do you belong to EWS? Yes () No ()
- g. Do you belong to Land Land-affected Category of NALCO Yes () No ()

In case of yes, please attach a self-attested copy of the certificate(s).

In case of Person with Benchmark Disability (PwBD): % of Disability:

PwBD Category:	(a) blindness and low vision	()
	(b) deaf and hard of hearing	()
	(c) locomotor disability, including cerebral palsy, leprosy cured, dwarfism, acid attack victims and muscular dystrophy	()
	(d) autism, intellectual disability, specific learning disability and mental illness	()
	(e) multiple disabilities from amongst persons under clauses (a) to (d) including deaf-blindness in the posts identified for each disabilities	()
PwBD Sub- Category:	Blind (), Low Vision (), Deaf (), Hard of Hearing (), One Arm (), One Leg (), Both Arms (), Both Legs (), Both leg & one arm (), Both Legs Arms (), Spinal Deformity/and Spinal Injury without any associated neurological/limb dysfunction (), Cerebral Palsy (), Leprosy Cured (), Dwarfism (), Acid Attack Victims (), Autism Spectrum Disorder(M=Mild) (), Specific Learning Disability (), Mental Illness (), MDy= Muscular Dystrophy (), Multiple Disabilities ()	

- h. Are you an internal candidate? Yes (), If Yes, P.No..... No ()

Marks of Identification, if any : _____

Have you suffered any major illness/accident/been operated open? Please specify:

Marital Status			a) If married, Name of spouse and No. of children with age. b) Other dependents: Relationship & age.
Single	Married	Widow/ Widower	

EDUCATIONAL RECORD

(Attach self-attested copy of the mark sheets and certificate)

Month and Year of passing	Examination Passed	Name of School/College/Institute /University	% of Marks obtained	Major Subjects

Employment Verification – Details of Employers (Last 10 Years)

Name of Employer/Organization	Postal Address of Employer/Organization	Name & Designation of the Authority	Authority Contact No.	Authority Email ID

What Languages do you

Speak	
Read	
Write	
What is your Mother Tongue	
What is your Hobbies and Interest? Please Specify.	

EMPLOYMENT RECORD
(Attach self-attested service certificates/promotion order/CTC proof /pay slip)

Name & Address of Employer (Please state present employment first)	Period		Position held/ Designation	Nature of jobs performed (Briefly)	Remunerations				Reasons for leaving/ Changed
	From	To			Scale of pay (with DOJ Scale of pay)	Last Basic pay	% of DA	CTC (In case of private, attach proof)	

(If required, add separate sheet)

Are you agreeable to work anywhere in India? _____

Are you a Government Servant or an employee of
Quasi Government or of a Public Sector Undertaking? _____

If appointed, how much time would you require to join? _____

Do you have any business interests with NALCO? Ifso,
Please give details. _____

Have you ever been dismissed, removed or compulsorily
Retired from service? If yes, please give details. _____

Is any disciplinary processing going on/
pending against you? If so, please give details. _____

Has any penalty been imposed against you, due to
disciplinary action? If so, please give details. _____

Are you related to any employee/Board of Directors
of NALCO? If so, Please give details _____

Please state, what consideration(s) led you to
Apply for this position? _____

Have you ever convicted in any Court of Law or any
Court Case is pending on you? _____

Details of enclosures:

01. _____ 02. _____ 03. _____

04. _____ 05. _____ 06. _____

I hereby declare that the entries in this form (additional particulars if any) furnished and supporting documents enclosed by me are true, complete and correct to the best of my knowledge and belief. I understand and agree that a false statement or material misrepresentation or omission made renders me liable to termination or dismissal of employment.

Date:

(Signature of Candidate)

Verified by (Office purpose):

Signature: _____

Name: _____