

For office use only:  
Selection Category:  
\_\_\_\_\_

# OIL INDIA LIMITED

(A Government of India Enterprise)  
DULIAJAN

Recent 3cm x 3cm  
coloured  
photograph

## PERSONAL BIO-DATA (CONTRACTUAL ENGAGEMENT)

Statement of Shri/Smt. \_\_\_\_\_ given at the time of Walk-in-Interview for the requirement of \_\_\_\_\_ on contract:

1. **Name in Full** (in block letters) : .....
2. **Date of Birth** (DD/MM/YYYY) : ..... 3. **Religion** : .....
4. **Gender** : ..... 5. **Mother Tongue** : .....
6. **Father's Name** : .....
7. **Mother's Name** : .....
8. **Identification Mark** : .....
9. **Caste (SC/ST/OBC/Gen)** : ..... **Sub-Caste** : .....
10. **Do you belong to Non-Creamy Layer category:** Yes  No  (Please put ✓ as applicable)
11. **Do you belong to Economically Weaker Sections (EWS) category:** Yes  No  (Please put ✓ as applicable)
12. **Marital Status** : Married  Unmarried  (Please put ✓ as applicable)
13. **Name of Spouse, if married** : .....

14. <b>Other Recognized Category</b>	:	<u>Ex-Servicemen</u> (Mention length of Service in Defence)	<u>Persons with Benchmark Disability</u> (Mention category & percentage of disability)
15. <b>Details of serious illness/operation undergone (if any)</b>	:		

16. (A) **Educational Qualification** (acquired as on date):

Exam Passed	Board/University/Institute	Percentage of Marks	Year of Passing

- (B) **Other Qualification - Licence/Permit etc.** (acquired as on date):

Licence/Permit etc.	Board/Authority/Institution	Part/Class etc.	Licence/Permit etc. No.	Valid till

\*N. B: Self-attested copies enclosed, where applicable

Signature of candidate: \_\_\_\_\_

Date: \_\_\_\_\_

Work Experience:				
Designation	Employer's Name & Address	Key Responsibilities Held	Duration	
			From	To
17.				

18. a) Communication/ Mailing/ Present Address:

Vill/Town/ Place : .....

P.O. : ..... PIN : .....

Police Station : ..... District : .....

State : ..... Mobile No. : .....

E-mail ID (in block letters) : .....

b) Permanent Address:

Vill/Town/ Place : .....

P.O. : ..... PIN : .....

Police Station : ..... District : .....

State : .....

19. Address Proof Certificate (Enclosed): (Please put a ✓ tick in the box)

Driving Licence	<input type="checkbox"/>	Voter ID Card	<input type="checkbox"/>	Bank Pass Book	<input type="checkbox"/>
Indian Passport	<input type="checkbox"/>	LPG Cylinder Issuing Book	<input type="checkbox"/>	Recent Electricity Bill	<input type="checkbox"/>
Recent Landline Bill	<input type="checkbox"/>	Govt. Ration Card	<input type="checkbox"/>	Aadhaar Card	<input type="checkbox"/>

\* N.B: Self-attested copies enclosed, where applicable

Signature of candidate: \_\_\_\_\_

Date: \_\_\_\_\_

20. **Criminal Cases:** (Please put a ✓ tick in the appropriate answer)

- |  | <u>YES</u>               | <u>NO</u>                |
|--|--------------------------|--------------------------|
| a) Is there any criminal case pending before any Court?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Have you ever been arrested?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Have you ever been prosecuted?  | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Have you ever been in Jail or Police Custody?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Have you ever been fined by the Government Authority?                   | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Have you ever been convicted by a Court of Law?                         | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Have you ever been debarred from appearing in any examination?          | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Have you ever been rusticated by any Educational authority/Institution? | <input type="checkbox"/> | <input type="checkbox"/> |

21. I, Shri/Smt. \_\_\_\_\_, hereby solemnly declare that the above information is duly filled by me and is true to the best of my knowledge. If any false/incorrect declaration/information has been made/provided by me herein, I will be liable for cancellation/disqualification at any stage of my contractual engagement and for such action as deemed fit in this regard.

\* N.B: Self-attested copies enclosed, where applicable

**Signature:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_