

BIO DATA FORM

Engagement Code:

Contractual Engagement:

*Please affix your recent passport size photograph.
Size: 3.5 X 3.5 cm*

1. Full name (In block Letters):														
2. Father's name:														
3. Address	(A) Address for communication	(B) Permanent address												
C/o														
Village/City/Town:														
Street/Road/House No.:														
District:														
Police Station:														
Nearest Railway Station:														
State:														
Pin:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>							<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
4. Gender (√ the option):	Male <input type="checkbox"/> Female <input type="checkbox"/>	5. Marital Status: _____												
5. Contact details:														
Mobile: _____														
Email : (In block letters) _____														
6. Date of Birth: _____		7. Nationality: _____												
8. Category (√the option): General <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC (Non creamy Layer) <input type="checkbox"/> OBC (Creamy Layer) <input type="checkbox"/>														
9. Whether physically challenged (Tick the option) Yes <input type="checkbox"/> No <input type="checkbox"/>														
If yes, indicate type of disability & percentage:														
10. Details of Serious illness/ operation undergone (If any):														

Educational & Professional Details (Attach documentary proof)

Name of Examination Passed	Name of School/ College/Institute	Name of University/ Board	Subjects/ Major Subject	% ge of Marks obtained	Class/ Division	Duration of Course	Year of Passing

Experience Details (Attach documentary proof)

Name & address of the organization	Post held	Period		Key Responsibilities held	Gross Salary drawn
		From	To		

Extracurricular activities/Hobbies:

Any Other information /relevant details you would like to furnish:

I, hereby, declare that all information provided in this application form are true, complete and correct to the best of my knowledge and belief and I have attached self-attested relevant supporting documents along with the application. I understand that in the event of any information being found false at any stage or not satisfying the eligibility criteria according to the requirements of the post, my candidature for the said contractual engagement is liable to be rejected/ cancelled / terminated and action as deemed fit shall be initiated against me.

Date:

Place:

Signature of Applicant