



ऑयल इंडिया लिमिटेड  
(भारत सरकार का उद्यम)  
**Oil India Limited**  
(A Government of India Enterprise)

Please affix your  
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photograph

**APPLICATION FOR ENGAGEMENT AS CONSULTANT**  
**(LAND), PHQ, OIL, GUWAHATI**

|                |   |                            |                        |                                    |                         |
|----------------|---|----------------------------|------------------------|------------------------------------|-------------------------|
| 1              | Name of the applicant   |                            |                        |                                    |                         |
| 2              | Father's name   |                            |                        |                                    |                         |
| 3              | Date of Birth   |                            |                        |                                    |                         |
| 4              | Gender  |                            |                        |                                    |                         |
| 5              | Address for communication                                       |                            |                        |                                    |                         |
| 6              | Permanent address (if different from address for communication) |                            |                        |                                    |                         |
| 7              | Telephone/Mobile Phone No.                                      |                            |                        |                                    |                         |
| 8              | E-mail ID (in block letters)                                    |                            |                        |                                    |                         |
| <b>9</b>       | <b>Details of Educational Qualification</b>                     |                            |                        |                                    |                         |
| <b>Sl. No.</b> | <b>Degree</b>   | <b>College/Institution</b> | <b>Year of Passing</b> | <b>Specialization / Discipline</b> | <b>Class / Division</b> |
| a.             | Graduation  |                            |                        |                                    |                         |
| b.             | Post- Graduation  |                            |                        |                                    |                         |
| c.             | Others (if any)   |                            |                        |                                    |                         |
| d.             | Any other academic details                                      |                            |                        |                                    |                         |
| e.             | Members of Professional Bodies                                  |                            |                        |                                    |                         |

| 10 Experience Details |   |               |                                 |                   |    |                  |
|-----------------------|---|---------------|---------------------------------|-------------------|----|------------------|
| Sl. No.               | Name of Organization                                | Position Held | Grade of the Position last Held | Period of Service |    | Nature of duties |
|                       |   |               |                                 | From              | To |                  |
| a.                    |   |               |                                 |                   |    |                  |
| b.                    |   |               |                                 |                   |    |                  |
| c.                    |   |               |                                 |                   |    |                  |
| d.                    |   |               |                                 |                   |    |                  |
| e.                    | Write-up on relevant experience (maximum 300 words) |               |                                 |                   |    |                  |

**Declaration**

I hereby certify that the particulars furnished above are true, correct, and complete in all respects. In case of information provided by me being found incorrect or false, my appointment may be cancelled at any time without informing me.

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

Place: \_\_\_\_\_

Signature of Applicant

Please enclose copy of the following documents along with the application:

1. Proof of Date of Birth.
2. Proof of relevant experience.