



स्टील अथॉरिटी ऑफ इण्डिया लिमिटेड
STEEL AUTHORITY OF INDIA LIMITED
इस्को इस्पात संयंत्र
IISCO STEEL PLANT

PHOTO
GRAPH

BURNPUR HOSPITAL, SAIL – ISP, BURNPUR – 713325.

PERSONAL DATA FORM (FOR PROFICIENCY TRAINEE IN)
(PLEASE FILL UP THE DETAILS IN CAPITAL LETTERS)

SL.NO.	Particulars	Details			
01.	NAME				
02.	AGE / GENDER	DOB : (DD/MM/YYYY)			
03.	FATHER'S NAME				
04..	MOTHER'S NAME				
05.	PRESENT ADDRESS				
06.	PERMANENT ADDRESS				
07.	MARITAL STATUS				
08.	NATIONALITY				
09.	CATEGORY (PLEASE TICK)	GENERAL / SC / ST / OBC			
10.	MOBILE/CONTACT NO.				
11	E-MAIL ID :				
12	ACADEMIC QUALIFICATION	BOARD/UNIV.	YEAR OF PASSING	SUBJECT	PERCENTAGE
	10+2 or equivalent				
	OTHERS				
13	B.Sc. / Diploma Course / Technical certificate course	SCHOOL/COLLEGE/ UNIVERSITY	MARKS OBTAINED /PERCENTAGE	NO. OF ATTEMPTS	
	1 st YEAR				
	2 nd YEAR				
	3 rd YEAR				
14	WHETHER HAVING ANY WORK EXPERIENCE (IN OTHER HOSPITALS)			YES / NO (PLEASE TICK)	
	IF YES, PROVIDE DETAILS				

(SIGNATURE OF CANDIDATE)

UNDERTAKING

I, son / daughter / wife of, a permanent resident of and presently residing at do hereby undertake and declare as follows:

1. That I shall abide by the terms and conditions of the letter of permission Ref. No: M/2/1/PT/ / 2024, Date / / 2024 granted to me for undergoing vocational training in the allotted speciality stream for the period as prescribed by SAIL - IISCO Steel Plant Hospital.
2. That during the period of training, I shall attend to such activities as are expected from me with due diligence and standard of care and follow all instructions of the IISCO Steel Plant Hospital authorities in that regard.
3. That I appreciate that on completion of the period of vocational training, I shall receive a certificate of proficiency which would be beneficial for employment opportunities in the job market.
- 4. That I declare that I shall have no legal claim for employment merely on completion of the period of vocational training.**
5. That I shall have no claim for facilities etc. which are not extended to vocational trainees. In this regard the terms and conditions of the letter of permission Ref. No: M/2/1/PT/ / 2024, Date / / 2024 is conclusive and binding on me.

Signature :

Name :

Address :