

PHOTO GRAPH	

PERSONAL DATA FORM	FOR TRAINEE PARAMEDICS IN	. '

## (PLEASE FILL UP THE DETAILS IN CAPITAL LETTERS)

SL.NO.	Particulars				Details	
01.	NAME					
02.	AGE / GENDER	DOE	B: (DD/I	MM/YYYY)		
03.	FATHER'S NAME					
04	MOTHER'S NAME					
05.	PRESENT ADDRESS					
06.	PERMANENT ADDRESS	3				
07.	MARITAL STATUS					
08.	NATIONALITY					
09.	CATEGORY (PLEASE TICK)	GENE	ERAL /	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 <sup>st</sup> YEAR			
	2 <sup>nd</sup> YEAR			
	3 <sup>rd</sup> YEAR			
				<u> </u>
14	WHETHER HAVING	G ANY WORK EXPERIENCE	YES / NO (PLEASE TICK)	
	IF YES, PROVIDE		1	

DETAILS

(SIGNATURE OF CANDIDATE)

(Undertaking to be given on stamp paper (Rs.10.00) at the time joining of selected trainees )  $\,$ 

## **UNDERTAKING**

I,	son / daughter / wife of					
	, a permanent	resident	of			
		and pres	sently residing	at		
		do hereby un	dertake and decla	are as		
follow	vs:					
1.	That I shall abide by the terms and conditions of	f the letter of p	ermission Ref. N	No:		
	, Date / / 20	23 granted to	me for undergo	oing		
	vocational training in the allotted speciality stream					
	the period as prescribed by SAIL - Chandrapur Ferro	Alloy Plant.				
2.	as are expected fi	rom				
	me with due diligence and standard of care and follo	ow all instruction	ns of the Chandr	apur		
	Ferro Alloy Plant authorities in that regard.					
3.	That I appreciate that on completion of the period	of vocational tra	ining, I shall rece	eive		
	a certificate of proficiency which would be benefic	ial for employm	ent opportunitie	s in		
	the job market.					
4.	That I declare that I shall have no legal cl	laim for emplo	oyment merely	on		
	completion of the period of vocational training.					
5. That I shall have no claim for facilities etc. which are not extended to vo						
	trainees. In this regard the terms and conditions of	=		<b>1</b> o:		
	, Date / / 2023 are co	onclusive and bi	nding on me.			
	Signatur	e :				
	Name	:				
	Address	:				