For office use only: Selection Category:



Recent 3cm x 3cm coloured photograph

PERSONAL BIO-DATA (CONTRACTUAL ENGAGEMENT)

ine unite	of Walk-in	Intervie	w fo	r the require	ement of				(TERS) give	
										<u>.</u>	
	·										
3ender :	Male / Fe	male (F	Please	put ✓ as appli	cable)						
Marital St	tatus: Ma	rried / U	nma	rried (Please	put ✓ as a	pplicable)	2	1. Mother	Tongue:		
Father's	/ Mother's	s Name	:								
dentifica	ition Mark	:									
Caste: GEN		ST SC OBC-NCL EWS 8. Sub-C						Sub-Cast	Caste:		
		(Plea	se pı	ut √as app	licable)						
				<u>EWS</u>		k-Servicemen		Persons with Benchmark Disability			
Other	nizod		:		(Mention length of Service in Defence)			(Mention category & % age of disability)			
Recognized Category				Yes / No		,					
			(I	Put tick here)							
Perman	ent Addre										
	vn/ Place	,,,,,		•							
P.O.			: PIN					:			
Police Station				: District				strict	:		
State				:			Мо	bile No.	:		
	ID (in blo	als latta	۰۵۱								
		cationa	I Qua		•	as on date):			Develope of	Veer of	
Exam Passed		Board/University/Institute							Percentage of Marks	Year of Passing	
(B) Oth	er Qualifi	cation -	Lice	nse/Permi	t etc. (acc	quired as on	date	·):			
` ,								T	-		
			etc. Board/Authority/Institution Part/Class etc. Licens							Valid till	
	/Permit et	c. Boa	IIU/A	attionity/iii							
	/Permit et	c. Boa	IIU/A	<u> </u>							

Date: ___

		Work Experience	e:							
			Durati	Total						
	Designation	Employer's Name & Address	From	То	no. of Days					
3. 1	, Shri/Smt				hereb					
	•	, no criminal case against me per ted / never been in Jail or Police C								
	-	en convicted by a Court of Law	•	-						
e	examination / neve	r been rusticated by any educa	ational authority /	Institution	and the above					
iı	information are duly filled by me and are 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									
а	at any stage of my co	ntractual engagement and for such a	action as deemed fi	t in this regard	d.					
			Signature:							
			Full Name:							

Date: _____

- Enclosure:
 1. DOB proof
 2. Category proof
 3. Address proof
 4. Education qualification proof
 5. Work experience certificate
 6. Any other