

BIO DATA FORM

(To be filled in by the candidate in his / her own handwriting)

(<u>Please fill the form in CAPITAL LETTERS ONLY</u>)

Affix your recent passport sized color photo and sign it across

1. NAME: Mr./ Mrs./Ms	T' AN			T () Y
(IN CAPITAL LETTERS)	First Name	Middle	Name	Last Name
2. DATE OF BIRTH(as pe	•	/ MM YYYY	AGE:	(as on 31.03.2022
(a) GENDER	: M/	F		
3. ADDRESS FOR COMM (With PIN CODE in CAPITAL				
. Telephone No. (With STD	Code) :			
a) Mobile No	Code) :			
	Code) : : : : :			
a) Mobile Nob) E-mail Id	Code) : : : : : : : : : : : : : : : : : : :			
a) Mobile No	: :			

6. FAMILY DETAILS

	Name	Date of Birth	Education	Occupation
Father				
Mother				
Siblings				
Spouse				
Children				

7. ACADEMIC DETAILS	$\underline{\mathbf{S}}$ (in reverse chronologi	ical order from 10 th	onwards):
(self-attested Xerox co	pies of Qualification co	ertificates are to b	e enclosed)

S.No	Examination Passed	Year of Passing	Full / Part Time	Course Duration	Board / University / Institution	Marks (%)	Specialization/ Stream/ Subject
1							
2							
3							
4							
5							

^{*} Till graduation 10+2+3 format is mandatory. Graduation shall be from a UGC recognized University through regular classroom course.

8. PROFESSIONAL QUALIFICATION:

S.No	Particulars of Professional qualification	Years of Passing	Name of the Institution
1			
2			
3			
4			

9. <u>LANGUAGE PROFICIENCY:</u>

S.No	Language	READ	WRITE	SPEAK
1				
2				
3				
4				

10. <u>OTHER ACHIEVEMENTS</u> (details of competitions won to be given, if any):

S.No	Title	Level	Award / Certificate/ Scholarship Won	Proficiency in Games / Sports	Proficiency in literary work/ art/ culture
1		School			
2		College			
3		University			

11. EMPLOYMENT EXPERIENCE

S.No	Organization	Designation	Nature of Duties	From	То	Salary (CTC)	Place	Reason for Leaving
1								
2								
3								
4								
5	*Dlagga attack gam							

								—
4								1
5								
	*Please attach copy	of last drawn p	pay slip / Experi	ience Certij	ficate/Re	lieving Order		
12. Refe	erences with designati	on/mobile no.	/ phone no. / Of	ficial e-ma	il id. (Mir	nimum two contact	number)	
	a)		b))				
13.Whe	ther you are known/re	lated to anyboo	ly working in ar	ny Repco g	roup of o	rganisation (if y	es, give deta	ails):
belief. I	ntion: I hereby declar In case any of the ab n/disciplinary action to	ove information	on is found inco			•	•	
Place:								
Date :					Sign	nature of the A	pplicant	
(Unsion	ned or incomplete an	nlication will b	ne rejected)					

(Unsigned or incomplete application will be rejected)

Note:

- (i) Original testimonials will have to be produced at the time of interview.
- (ii) The self-attested copies of the documents / certificates should be enclosed to this format.