## **BIO DATA FORM**



(3 Pages)

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

Affix your recent passport sized color photo and sign it across

POST APPLIED FOR			_
		Middle Name	Last Name
2. DATE OF BIRTH		.07.2021)	
a. PAN Number	:		
b. Category (BC/MBC/OC/SC/S	ST) :		
4. Telephone No. (With STD Code	) :		
a) Mobile No	:		
b) E-mail Id	:		

## 5. FAMILY DETAILS:

	Name	Date of Birth	Education	Occupation
Father				
Mother				
Spouse				
Children				

# 6. <u>ACADEMIC DETAILS</u>\* (starting from Secondary Exam $(10^{th})$ :

No.	Examination Passed	Year of Passing	Board / University / Institution	Marks (%)	Stream(Science, Commerce, etc)
1					
2					
3					
4					
5					

<sup>\*</sup> Till graduation 10+2+3 format is mandatory. Graduation shall be from a UGC recognized University through regular classroom course.

#### 7. LANGUAGE PROFICIENCY:

No.	Language	READ	WRITE	SPEAK
1				
2				
3				
4				

#### 8.PROFESSIONAL QUALIFICATION

No	Particulars of Professional Qualifications	Year of Passing	Name of the Institution
1			
2			
3			
4			

## 9. OTHER ACHIEVEMENTS (details of competitions won to be given, if any):

No	Title	Level	Award /Certificate/ Scholarship Won	Proficiency in Games / Sports	Proficiency in literary work/ art/ culture
1		SCHOOL			
2		COLLEGE			
3		UNIVERSITY			
4		PROFESSIONAL COURSE			

No	EMPLOYMENT I Organization	Position	Cadre (Clerical/Officer)	From	То	Gross Monthly Pay* (In Rs.)	Place	Reason for Leaving	
1									
2									
3									
4									
5									
**A	**Attach copy of last drawn pay slip								
	11. Are you employed in any of the Repco group of Institution? YES / NO:								
	a. Attach NOC, If employee in Repco group of Institution:								
	12. Time needed to join (Days), if selected:								

ttach copy of l	ast drawn pay slip	)	<u> </u>	<u> </u>		<u> </u>	1		
11. Are you	employed in any	of the Repco grou	p of Institu	tion? YES	/ NO :				
a. At	tach NOC, If emp	loyee in Repco gr	oup of Insti	tution:					
12. Time ne	eded to join (Days	s), if selected:							
13. Preferred	d work location's:								
14. Whether	Repatriate? YES	/ NO:							
15. Reference	ces with designation	on /mobile no. / p	hone no. / C	Official e-m	ail id. (Minimum tv	vo contact numb	oer)		
a)	a) b)								
16. Whether give details)	you are known/re	elated to anybody	working in	any Repco	group of Instituti	on (if yes,			
17. Any oth	er information:								
belief. In	tion: I hereby decin case any of the y decision/discipli	above information	on is found	d incorrect					
	NAME		SIGNATU	JRE		DATE	_		

Encl: ANNUXURE I - Self attested Xerox copy of all certificates are mandatory.