



A MAHARATNA COMPANY
एक महारत्न कंपनी

BIODATA FORM
FOR THE POST OF SR.OFFICER(NURSING)

**Affix a recent
Passport size
color
Photograph and
sign at the
bottom of photo.**

1. NAME OF APPLICANT (IN BLOCK LETTERS):

2. Father's name:

3. Marital status:

4. (a) Date of birth (in figure) :
DD MM YYYY

(b) Date of birth (in words) (attach matriculation certificate):

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5. Gender: Male Female

6. Address for communication

PO..... Police Station.....

Nearest Railway Station.....District.....

State.....Pin Code

Address of Superintendent of police under whose jurisdiction the above police station is located:

7. Telephone No (Residence). : Mobile No.

8. E-mail address (should be valid and active for one year):

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9. Religion:

10(A). Educational qualification:

Qualification	Name of the Board/ Institute/ University	Mode of study/ Regular/ Distance/Part time	Month & Year of passing	% of marks
High School / Matriculation / SSC Exam.				
Higher Secondary School Exam.				
B.Sc(Nursing)				
M.Sc(Nursing)				
Any other professional qualification				

10(B). Registration Number & date of Indian Nursing Council or State Nursing Council:

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11. Academic/Non Academic achievements:

Details Of Honors/Awards In National/International Level	
Details Of Extra-Curricular activity (State/National-Level)	
Details Of NCC Certificate, If Any	

12. Teaching Experience

Name of Institution/school/ college	Position or Designation	Nature of employment: Permanent/Contract job/ Part time	From (dd/mm/yr)	To (dd/mm/yr)	Total Experience (Years & months)

13. Experience other than Teaching

Name of the company/school/ college	Designation	Nature of employment: Permanent / Contract jobs/ Part time	From (dd/mm/yr)	To (dd/mm/yr)	Total Experience (Years & months)

Note: If working in a Govt / PSU organization then duration of Notice period required.....

14. For Departmental candidates working in CIL/Subsidiary Company

Employee No.	Company posted	Designation	Place of working

15. SBI branch code: _____ **Journal No.** _____ **Date:** _____

DECLARATION :

I, _____ hereby declare that the information as furnished above is correct to be best of my knowledge and belief. If any of the information as furnished above is found to be incorrect, my candidature for the post applied is liable to be cancelled.

Place _____

Date _____

Signature of the candidate

List of Enclosures:

1. Certificate in support of date of birth
2. Certificate of educational / professional qualification/experience along with mark-sheets of all the years.
3. Certificate in support of extracurricular activities at National/International level/NCC
4. Copy of SBI Challan payment.