

BIO-DATA FORM
Advt.No. BDL/C-P&A/PLG.&ED/2015-6

Affix here, your
latest self attested
passport size
Color photograph

Name of the post applied for: _____

Registration Number (to be filled at the venue of Written Test/ Interview):

In case of working in Govt Organisations/ PSU, whether applied through proper channel:

Yes No Not applicable

In case of Yes, please attach a copy of the forwarding letter of the employer or NOC to be produced at the time of interview.

1	Name of the Candidate	
2	Date of Birth (DD/MM/YYYY)	
3	Father's Name & Occupation	
4	Permanent Address	
5	Present Address (for any correspondence)	
6	Phone No./Mobile No.	
7	E-Mail ID (Mandatory)	
8	Nationality	
9	Religion	
10	Place of Birth & State	
11	Marital Status	Single/ Married
12	Specify which category you belongs to	UR/ OBC / SC / ST
13	Are you a person with disability (if yes, pl. specify)	Yes <input type="checkbox"/> No <input type="checkbox"/> Visually/ Hearing/ Orthopedically
14	Are you an Ex-Servicemen (if yes, please specify the Rank at the time of discharge and number of years of service)	Yes <input type="checkbox"/> No <input type="checkbox"/> No. of Years:

17. Experience details starting from the Present Employer/Company (Pl. attach additional sheet, if required)

Sl. No	Name of the Company Office/Firm or Institution	Nature of Duties for each post held (Max. 100 characters for each post held)
1		
2		
3		
4		
5		
6		
7		

18	Present Pay particulars Scale of Pay (if applicable) a. Basic (per annum) b. DA (per annum), if applicable c. HRA (per annum) d. Variable Pay (if any) e. Others (per annum) (Pl. Specify) f. CTC (per annum) a+b+c+d+e (Enclose latest Payslip copy)	<table border="0" style="width: 100%;"> <tr> <td colspan="2" style="text-align: center;"><u>Calculated</u></td> </tr> <tr> <td style="width: 50%; text-align: center;">Per Month</td> <td style="width: 50%; text-align: center;">Per Annum</td> </tr> <tr> <td style="height: 200px;"></td> <td style="height: 200px;"></td> </tr> </table>	<u>Calculated</u>		Per Month	Per Annum		
<u>Calculated</u>								
Per Month	Per Annum							
19	Any of your relative working in BDL (tick) (if yes, specify details)	YES <input type="checkbox"/> NO <input type="checkbox"/> NAME: Staff No.						
20	Have you ever attended for Interview for any post in BDL (if yes, please specify)	YES <input type="checkbox"/> NO <input type="checkbox"/> Name of the post: Date when attended:						

DECLARATION

I hereby declare that the information stated above by me is true, complete to the best of my knowledge and belief. In case, the information stated above by me is found to be false or incorrect, my candidature / appointment may be considered terminated without any notice.

Date:

Signature:

Place:

Name of the Candidate: