

BIO DATA FORM TO BE SUBMITTED FOR CONSIDERING ABSORPTION IN TERMS OF THE CGIT AWARD DATED 18.06.2001 IN ID 27 OF 1991 (ALL THE FIELDS TO BE FILLED IN ENGLISH AND IN CAPITAL LETTERS)

1. Name in Full (In English, Capitals)- First Name, Middle Name and Last Name (Surname)

2.	Se	x:				Μ	ale/	Fe	ma	ale																
3.	Dat	e of E	Birth	1:						[	DI	D	M	M		۲١	ſY	Y								
	Age	as or	n 01	.07.2	201	5:				(Pr	oof	for	Da	ate	of	bir	th	to I	be	en	clo	se	d)			
	Marita :	al Sta	atus	:		N	Iarr	ied			Ur	ima	rri	ed					ers eci	s ify)						
4.	Fath	ier's l	Nam	ie:																						
5.	Nam	ne of t	the	Spoι	use	:																_				
6.	Cate	egory	(inc	dicate	e by	y m	arki	ng {	[X ]	} in t	he a	app	oro	pria	ate	bo	)(x)	(Pr	00	of to	b be	e e	ncl	ose	ed)	
					S.C	С.	S.	T.	(	D.B.(	С.	G	ΕN	IEF	RAI											
Are yo	ou an	Ex-se	ervio	cema	ın ?	Y Y	es/N	lo	lf y	ves,	Dat	te o	of E	Disc	cha	rge	e:				No	. 0	f Yı	rs s	serv	/ed
For Ph	nysica	ally Ha	andi	icapp	bed	Ca	ndio	date	es (	Only																

Whether	Degree of	Whether copy of Medical
Orthopedically Handicapped/	Impairment	Certificate in the proper
Hearing Impaired/Visually Impaired	(%)	format is enclosed

7. Religion: \_\_\_\_\_

Whether belonging to Minority Community. If yes, please mark (X) below:

Muslims	Christians	Neo Buddhists	Sikhs	Zoroastrians

8. Mailing Address with Pin Code

Di	stric	t	t STATE										ΡI	N (	CO	DE	Ξ										



Mobile\_\_\_\_\_E-mail id: \_\_\_\_\_

Landline STD Code : \_\_\_\_\_Telephone No\_\_\_\_\_

AADHAR NUMBER							
						1	
						1	

**9.** Permanent Address: Whether permanent address is different from the mailing address? YES/NO. If Yes, fill the following:

D	)ist	rict	t		STATE							Ρ	IN	CC	)D	Ε								

10.(a). Details of Employment in LIC: (SELF ATTESTED COPIES OF THE PROOF OF THE EMPLOYMENT TO BE SENT WITH THIS APPLICATION. OTHERWISE THE APPLICATION WILL BE REJECTED AT THE INITIAL STAGE ITSELF)

S.No.	Date of Appointment Letter	Name of the D. O /ZO/CO Issued the letter	Appointed for the Post	Name of the Office where worked-	Code Of the Office	Period of Employment		Number of Days worked	Nature of Proof attached and No. Of Pages
						From	То		

10 (b) Details of the petition in the CGIT (ID27/1991) If you are the petitioner in the said ID 27/1991, please provide the details:

11. Educational Qualifications:

(Self attested copies of the certificates to be enclosed)

Examination Passed	Name of the Board/ University/School	Month & Year of Passing	Aggregate Marks
SSC			Marko
HSC			
Graduation			
Post Graduation			
Others-Specify			



12. Work Experience: (Present and Past)

No. of Years \_\_\_\_\_Months\_\_\_\_\_

Name of the Employer	Tenure o Employm		Post occupied	Reasons for Leaving
	From	То		

## 13. Languages Known

Language	Write	Read	Speak

14. Have you ever been prosecuted, detained, fined, convicted or awarded any sentence by any court of law for any offence or any case is pending against you? YES/NO If so, please give full details.

15. Any other information.

## **DECLARATION:**

I hereby declare that all the statements made in this Application hereinabove are true and correct to the best of my knowledge and belief. I understand that in the event of any information being found false, incorrect or incomplete or if I am found ineligible due to non-fulfillment of eligibility criteria, my candidature for the absorption is liable to be cancelled /rejected at any stage of the process

Date : Place :

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## (Signature of the Applicant)

(All questions have to be answered. No Question shall be left blank. Give brief and correct answers. If the reply to any question needs more space, details should be given in separate paper duly signed)

The eligible concerned workmen are requested to submit the Bio data in the above format along with the self attested copies of the documents to the address mentioned below to **reach on or before 21.08.2015**:

LIC of India, Post Box No 11511 Nariman Point Post Office Mumbai Pin 400021.