# Ref: - 5/28/2020/Pers./ Ahmedabad

# <u>Post Applied: Team Leader, Contract Administration, Quality Control Engineer, Field</u> <u>Engineer and Billing Engineer/Material Testing Expert</u>

1.	Nan	ne of	f Ca	ndi	date	e (as	s reco	orded	in N	/latri	cul	atio	n or	equ	ival	ent	cer	tific	cate)								
2.	2. Father's Name (as recorded in Matriculation or equivalent certificate)																										
3 Mother's Name (as recorded in Matriculation or equivalent certificate)																											
4.	Sex												6.	R	lelig	gior	1										
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M	arrie	ed					Unr	narrie	ed																		
6. :	6. a). Date of Birth: b). Birth Place/District: c). Birth State/UT:																										
Γ	) [		M	Μ	Y		Y	Y																			
d).	d). Nationality: e). Mother Tongue:																										
f).	f). Age as on date (i.e.31/10/2020): YearsMonthsDays																										
7. a). Domicileb). Blood Groupc). Identification Marks																											
8.	8. Whether belongs to:																										
SC	SC ST		Т			OB	С	(	OBC (1		CL)		M	inor	ity			PW	′D8	kМ	(%)	)	Ge	enera	al		

### 09. Languages Known:

Language	Read	Write	Speak

#### 10. Academic/Professional Qualifications:

Sr. No.	Name of Examination	Year of Passing	Univ/Board	Subjects	Marks obtained	% of marks

- 11. Highest qualification in Hindi: \_\_\_\_\_
- 12. Training received if any \_\_\_\_\_
- 13. Experience (Please give details thereof, use separate sheet if required)

Organization	Per	iod	Designation & Description of Duties	Scale of Pay/ Gross Salary		
	From	То				

### 14. Correspondence Address:

PINPhone

#### 15. Permanent Home Address:

PIN.....Phone....

- 16. PAN No.:
- 17 Aadhar Card No.:
- 18. Guardian/Emergency Contact No.:
- 19. Contact Mobile No.:
- 20. Valid E.Mail ID:

21. Passport No.: \_\_\_\_\_\_ Valid up to\_\_\_\_\_\_

22. Any other information:

Information must be filled against each column clearly. In case incomplete application, the same will not be considered.

I solemnly declare that the above information is true/correct and I understand that in the event of the information found to be incorrect after my appointment, I shall be liable to be dismissed from service.