

BIO DATA FORM

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

(<u>Please fill the form in CAPITAL LETTERS ONLY</u>)

Affix your recent passport size color photo

APPLICATION FOR THE POST OF	:		
1. NAME: Mr./ Mrs./Ms.	:		
(IN CAPITAL LETTERS)			
2. DATE OF BIRTH (as per certificate)	://	AGE: (as o	n 31.08.2024)
(a) GENDER	: Male / Female		
3. ADDRESS FOR COMMUNICATION (With PIN CODE in CAPITAL LETTERS)	:		
4. Telephone No. (With STD Code)	:		
a) Mobile No	:		
b) E-mail Id	:		

If Yes, Please Specify

6. FAMILY DETAILS

Please Specify

a) Whether belong to GEN/SC/ST/OBC,

b) Whether Physically disabled,

5. Religion

Name	Relationship	Date of Birth	Education	Occupation

7. <u>ACADEMIC DETAILS</u> (in reverse chronological order from 10th onwards): (self-attested xerox copies of qualification certificates are to be enclosed)

S.No	Examination Passed	Year of Passing	Full / Part Time	Course Duration	Board / University / Institution	Marks (%)	Specialization/ Stream/ Subject
1							
2							
3							
4							
5							

^{*} Graduation shall be from a UGC recognized University through regular stream (10th, 12th & Graduation).

8. PROFESSIONAL QUALIFICATION:

S.No	Particulars of Professional qualification	Years of Passing	Name of the Institution
1			
2			
3			
4			

9. <u>LANGUAGE PROFICIENCY:</u> (Please \checkmark wherever is applicable)

S.No	Language	Read	Write	Speak
1				
2				
3				
4				

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

S.No	Title	Level	Award / Certificate/ Scholarship Won	Proficiency in Games / Sports	Proficiency in literary work/ art/ culture
1		School			
2		College			
3		University			

11. EMPLOYMENT EXPERIENCE

S.No	Organization	Designation	Nature of Duties	Place	From	То	Salary (CTC - per annum)	Reason for Leaving
1								
2								
3								
4								
5	***************************************		l: /E					

^{*}Please attach copy of last drawn pay slip / Experience Certificate / Relieving Order if any...

12. References.	(Minimum	two contacts	mandatory)
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Place:

a)	Name	:
	Designation & Company	:
	Phone Number	:
b)	Name	:
	Designation & Company	:
	Phone Number	:

- 13. Whether you are known/related to anybody working in any REPCO group of institutions (if yes, give details):
- 14. Whether presently / previously employed in REPCO group of institutions (if yes, give details):

Declaration: I hereby declare that the above information are true and correct to the best of my knowledge & belief. In case any of the above information is found incorrect at a later date, I'll abide by the Company decision/disciplinary action taken in that regard.

Date:	Signature of the Candidate