

Advt. No.: GAIL/RECTT/OPEN/MUM/AMA/1/2019

Post Applied For:

Affix Recent
Passport Size
Photograph

1	Name of the candidate	
2	Nationality	
3	Father's Name	
4	Mother's Name	
5	Date of Birth	
6	Category : (UR/ SC / ST / OBC)	
7	Mailing address:	
	House No. & Street	
	City / Town with Pin	
	District	
8	Telephone No.	
9	Mobile No.	
10	E-mail address	

Qualification:

Sl. No.	Exam Passed	University	Year of passing	Class/Division	Percentage of Marks

Medical Council Registration No. & Place:

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Experience:

Sl. No.	Organization	Post Held	Period		Last Pay drawn	Nature of duties
			From	To		

I certify that the above information is correct and supporting documents are enclosed.

PLACE:

SIGNATURE:

DATE:

NAME: