

Application Format

Advt. No. GAIL/Mumbai/HR/MEDICAL_CONSULTANT/2025/1
Post Applied For:

Affix Recent
Passport Size
Color
Photograph

1	Name of Candidates	
2	Nationality	
3	Father's/Spouse Name	
4	Mother's Name	
5	Date of Birth	
6	Mailing Address	
	House No Street	
	Area	
	City/Town with PIN Code	
	District	
7	Telephone No	
8	Mobile No	
9	EmailId	
10	Council Registration No & Place	

Qualification:

Sl No	Exam Passed	University	Year of Passing	Class	% of Marks

Experience:

SlNo	Organization	Post Held	Period		Last Pay	Nature of Duties
			From	To	Drawn	

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

Place:

Date:

Signature:

Name: