

Application Format

Advt. No. GAIL/BLR/HR/MEDICAL/CONSULTANT/2022

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	
	Area	
	City/Town with PIN Code	
	District	
7	Telephone No	
8	Mobile No	
9	Email Id	
10	Council Registration No & Place	

Qualification:

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

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: