

BIO-DATA FORM FOR CONTRACTUAL TEMPORARY EMPLOYEES

Application for the post of Billing Clerk

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1. Name of candidates in capital letter : _____
2. Father's/Husband's Name : _____
3. Date of Birth : _____
4. Age as on 20.08.2024 : _____
5. Permanent Address (with pin code) : _____

6. Address for correspondence : _____
(with pin code) _____

7. [a] Email ID : _____
(b) Mobile No : _____
8. Category [Gen/SC/ST/OBC/DESM] : _____
9. Whether Ex-Serviceman or Not : _____
if yes, give following Details Rank _____ Medical Category _____
Date of Joining _____ Discharge Date _____
Length of Service : Years _____ Months _____ Days _____
10. Educational Qualification : _____
11. Have you knowledge of Computer : _____
12. Details of experience if any : _____
13. Detail of enclosures.
 1. _____ 2. _____
 3. _____ 4. _____
 5. _____ 6. _____
 7. _____ 8. _____

Self Attested
Passport Size
Photograph
Paste Here

Declaration: I _____ hereby declare that all the statements made in the application are true, complete and correct to the best of my knowledge and belief and in the event of any of the information being found false or incorrect or any ineligibility being detected before or after the selection, my candidature is liable to be cancelled and action initiated against me.

Date: _____

Signature of the Candidate _____

Place: _____

Name: _____