

## BIO DATA FORM

1 x 1  
Photos

1. Post Applied \_\_\_\_\_
2. Name \_\_\_\_\_
3. Father's Name \_\_\_\_\_
4. Date of Birth \_\_\_\_\_
5. Domicile \_\_\_\_\_
6. Qualification \_\_\_\_\_
7. Type of License \_\_\_\_\_
8. Date / Place of Issuance of License \_\_\_\_\_
9. Permanent Address \_\_\_\_\_  
\_\_\_\_\_
10. Postal Address \_\_\_\_\_  
\_\_\_\_\_
11. Contact No. \_\_\_\_\_
12. NIC (Attested Photocopy attached) \_\_\_\_\_
13. Detail of Service \_\_\_\_\_

Sr. No.	Name of Department	Post Held	Period	
			To	From

**Signature of Applicant** \_\_\_\_\_