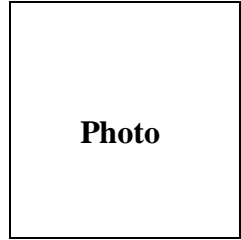


Advertisement No.: GAIL/Noida/HR-MS/Part-Time/01/19



1	Name of the candidate	
2	Nationality	
3	Father's/Husband's Name	
4	Date of Birth	
5	Mailing address:	
6	Mobile No.	
7	E-mail address	

Qualification:

S. No.	Exam Passed	University	Year of Passing	Class/ Division	Percentage of Marks

Medical Council Registration Number & Place:

--

Experience:

Sl. No.	Organization	Post Held	Period

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

PLACE:

SIGNATURE:

DATE:

NAME: