



STEEL AUTHORITY OF INDIA LIMITED
CHANDRAPUR FERRO ALLOY PLANT
CHANDRAPUR

PHOTO
GRAPH

PERSONAL DATA FORM (FOR TRAINEE PARAMEDICS IN)

(PLEASE FILL UP THE DETAILS IN CAPITAL LETTERS)

SL.NO.	Particulars	Details			
01.	NAME				
02.	AGE / GENDER	DOB : (DD/MM/YYYY)			
03.	FATHER'S NAME				
04..	MOTHER'S NAME				
05.	PRESENT ADDRESS				
06.	PERMANENT ADDRESS				
07.	MARITAL STATUS				
08.	NATIONALITY				
09.	CATEGORY (PLEASE TICK)	GENERAL / SC / ST / OBC			
10.	MOBILE/CONTACT NO.				
11	E-MAIL ID :				
12	ACADEMIC QUALIFICATION	BOARD/UNIV.	YEAR OF PASSING	SUBJECT	PERCENTAGE
	10+2 or equivalent				
	OTHERS				

13	B.Sc. / Diploma Course / Technical certificate course	SCHOOL/COLLEGE/ UNIVERSITY	MARKS OBTAINED /PERCENTAGE	NO.OF ATTEMPTS
	1 st YEAR			
	2 nd YEAR			
	3 rd YEAR			

14	WHETHER HAVING ANY WORK EXPERIENCE	YES / NO (PLEASE TICK)
	IF YES, PROVIDE DETAILS	

(SIGNATURE OF CANDIDATE)