Application Format

Advt No GAIL/PATA/MS/Contract/Med Professionals Post Applied For:										Pas	Affix Recent Passport Size Color Photograph	
Person	nal De	tails:										
1	Nam	e of the Ca	ate									
2	Natio											
3	Fathe	Father's/Spouse Name										
4	Moth											
5	Date of Birth											
6	Category (UR/OBC/SC/ST/EWS)											
7	Mailing Address											
	House No Street											
	Area											
	City/Town with PIN Code											
	Distr	rict										
8	Telej											
9	Mob											
10	Ema											
11	Council Registration No & Place											
Qualif	ficatio	<u>n:</u>										
Sl No	Exar	n Passed Un		iversity	Ye	Year of Passing C			Class	S	% of Marks	
Exper	ience:											
Sl No)	Organization		Post Held						Last Pay Drawn	Nature of Duties	
					F	rom	7	То				
	fy that	the above i	nfor	mation is cor	rect	and supp	port	ing do			osed.	
Place: Date:			Signature: Name:									