



BIO DATA FORM

(To be filled in by the candidate in his / her own handwriting)

(Please fill the form in CAPITAL LETTERS ONLY)

Affix your recent
passport sized
color photo and
sign it across

APPLICATION FOR THE POST OF _____

1. NAME: Mr./ Mrs./Ms. _____
(IN CAPITAL LETTERS)

2. DATE OF BIRTH (as per certificate): ____/____/____ AGE: _____ (as on 28.02.2023)
DD MM YYYY

(a) GENDER : Male / Female

3. ADDRESS FOR COMMUNICATION:
(With PIN CODE in CAPITAL LETTERS)

4. Telephone No. (With STD Code) :

a) Mobile No :

b) E-mail Id :

5. Religion :

a) Whether belong to GEN/SC/ST/OBC,
Please Specify :

b) Whether Physically disabled,
If Yes, Please Specify :

6. FAMILY DETAILS

Relationship	Name	Date of Birth	Education	Occupation
Father				
Mother				
Spouse				
Children				

7. ACADEMIC DETAILS (in reverse chronological order from 10th onwards):
 (self-attested Xerox copies of Qualification certificates are to be enclosed)

S.No	Examination Passed	Year of Passing	Full / Part Time	Course Duration	Board / University / Institution	Marks (%)	Specialization/ Stream/ Subject
1							
2							
3							
4							
5							

* Till graduation 10+2+3 format is mandatory. Graduation shall be from a UGC recognized University through regular classroom course.

8. PROFESSIONAL QUALIFICATION:

S.No	Particulars of Professional qualification	Years of Passing	Name of the Institution
1			
2			
3			
4			

9. LANGUAGE PROFICIENCY:

S.No	Language	READ	WRITE	SPEAK
1				
2				
3				
4				

10. OTHER ACHIEVEMENTS (details of competitions won to be given, if any):

S.No	Title	Level	Award / Certificate/ Scholarship Won	Proficiency in Games / Sports	Proficiency in literary work/ art/ culture
1		School			
2		College			
3		University			

11. EMPLOYMENT EXPERIENCE

S.No	Organization	Designation	Nature of Duties	From	To	Salary (CTC)	Place	Reason for Leaving
1								
2								
3								
4								
5								

**Please attach copy of last drawn pay slip / Experience Certificate/Relieving Order*

12. References. (Minimum two contacts)

A. Name :
Designation & Company :
Phone Number :

B. Name :
Designation & Company :
Phone Number :

13. Whether you are known/related to anybody working in any Repco group of organization (if yes, give details):

Declaration: I hereby declare that the above information are true and correct to the best of my knowledge & belief. In case any of the above information is found incorrect at a later date, I'll abide by the Company decision/disciplinary action taken in that regard.

Place :

Date :

Signature of the Applicant

(Unsigned or incomplete application will be rejected)

Note:

- (i) Original testimonials will have to be produced at the time of interview.
- (ii) The self-attested copies of the documents / certificates / Resume should be enclosed to this format.