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**BIODATA FORM**

Post Applied For: \_\_\_\_\_ Grade: \_\_\_\_\_

Scale of Pay : \_\_\_\_\_

Name in Full (Capital letters) : \_\_\_\_\_

Father's Name (Capital letters) : \_\_\_\_\_

Permanent Address :			Present Address :		
			Mobile No.:		
			E- Mail:		

Date of Birth	Place of Birth	Nationality	Religion	Domicile State	Gender

- a. Do you belong to Scheduled Caste? Yes ( ) No ( )
- b. Do you belong to Scheduled Tribe? Yes ( ) No ( )
- c. Do you belong to OBC(NCL)? Yes ( ) No ( )
- d. Are you an Ex-serviceman? Yes ( ) No ( )
- e. Are you a Person with Benchmark Disability (PwBD)? Yes ( ) No ( )
- f. Do you belong to EWS? Yes ( ) No ( )
- g. Do you belong to Land affected Category of NALCO Yes ( ) No ( )

**In case of yes, please attach a self-attested copy of the certificate(s).**

In case of Person with Benchmark Disability (PwBD): % of Disability: .....

PwBD Category:	(a) blindness and low vision	( )
	(b) deaf and hard of hearing	( )
	(c) locomotor disability including cerebral palsy, leprosy cured, dwarfism, acid attack victims and muscular dystrophy	( )
	(d) autism, intellectual disability, specific learning disability and mental illness	( )
	(e) multiple disabilities from amongst persons under clauses (a) to (d) including deaf-blindness in the posts identified for each disabilities	( )
PwBD Sub- Category:	Blind ( ), Low Vision ( ), Deaf ( ), Hard of Hearing ( ), One Arm ( ), One Leg ( ), Both Arms ( ), Both Legs ( ), Both leg & one arm ( ), Both Legs Arms ( ), Spinal Deformity/and Spinal Injury without any associated neurological/limb dysfunction ( ), Cerebral Palsy ( ), Leprosy Cured ( ), Dwarfism ( ), Acid Attack Victims ( ), Autism Spectrum Disorder(M=Mild) ( ), Specific Learning Disability ( ), Mental Illness ( ), MDy= Muscular Dystrophy ( ), Multiple Disabilities ( )	

- h. Are you an internal candidate? Yes ( ), If Yes, P.No..... No ( )

Marks of Identification, if any : \_\_\_\_\_

Have you suffered any major illness/accident/been operated open? Please specify:

Marital Status			a) If married, Name of spouse and No.of children with age.
Single	Married	Widow/ Widower	
			b) Other dependents: Relationship & age.

### EDUCATIONAL RECORD

(Attach self-attested copy of the mark sheets and certificate)

Month and Year of passing	Examination Passed	Name of School/College/ Institute /University	% of Marks obtained	Major Subjects

### Specialized Technical, Professional or Management Training, if any

Name & Address of Institution/Organisation	Nature of Training	Period of Training	Sponsored by

### What Languages do you

Speak	
Read	
Write	
What is your Mother Tongue	
What is your Hobbies and Interest? Please Specify.	

## EMPLOYMENT RECORD

(Attach self-attested service certificates/promotion order/CTC proof /pay slip)

Name & Address of Employer (Please state present employment first)	Period		Position held/ Designation	Nature of jobs performed (Briefly)	Remunerations				Reasons for leaving/ Changed
	From	To			Scale of pay (with DOJ Scale of pay)	Last Basic pay	% of DA	CTC (In case of private, attach proof)	

(If required, add separate sheet)

Are you agreeable to work anywhere in India? \_\_\_\_\_

Are you a Government Servant or an employee of  
Quasi Government or of a Public Sector Undertaking? \_\_\_\_\_

If appointed, how much time would you require to join? \_\_\_\_\_

Do you have any business interests with NALCO? Ifso,  
Please give details. \_\_\_\_\_

Have you ever been dismissed, removed or compulsorily  
Retired from service? If yes, please give details. \_\_\_\_\_

Is any disciplinary processing going on/  
pending against you? If so, please give details. \_\_\_\_\_

Has any penalty been imposed against you, due to  
disciplinary action? If so, please give details. \_\_\_\_\_

Are you related to any employee/Board of Directors  
of NALCO? If so, Please give details \_\_\_\_\_

Please state, what consideration(s) led you to  
Apply for this position? \_\_\_\_\_

Have you ever convicted in any Court of Law or any  
Court Case is pending on you? \_\_\_\_\_

Details of enclosures:

01. \_\_\_\_\_ 02. \_\_\_\_\_ 03. \_\_\_\_\_

04. \_\_\_\_\_ 05. \_\_\_\_\_ 06. \_\_\_\_\_

I hereby declare that the entries in this form (additional particulars if any) furnished and supporting documents enclosed by me are true, complete and correct to the best of my knowledge and belief. I understand and agree that a false statement or material misrepresentation or omission made renders me liable to termination or dismissal of employment.

Date:

(Signature of Candidate)

Verified by (Office purpose):

Signature: \_\_\_\_\_

Name: \_\_\_\_\_