



NATIONAL ALUMINIUM COMPANY LIMITED  
(A Government of India Enterprise)  
NALCO Bhawan, P-1, Nayapalli,  
BHUBANESWAR – 751 013.

Paste your  
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**BIODATA FORM**

(All answers must be given in words, figures or tick marks, as required. No column should be left blank)

Position Applied For : **Medical Retainer (Medicine)**

Name in Full (Capital letters – Surname First)		Father's/Husband's Name		
Permanent Address :		Present Address :		
		Phone No. E Mail		
Date of Birth	Place of Birth	Nationality	Religion	State of Origin

Do you belong to Scheduled Caste ?	Yes	<input type="checkbox"/>	NO	<input type="checkbox"/>
Do you belong to Scheduled Tribe ?	Yes	<input type="checkbox"/>	NO	<input type="checkbox"/>
Do you belong to OBC ?	Yes	<input type="checkbox"/>	NO	<input type="checkbox"/>
Are you an Ex-serviceman ?	Yes	<input type="checkbox"/>	NO	<input type="checkbox"/>
Are you physically Handicapped ?	Yes	<input type="checkbox"/>	NO	<input type="checkbox"/>

(If Yes Please attach an attested copy of the certificate)

<b>Physical Data :</b> Height _____ CM      Weight _____ Kg.
<b>Vision :</b> Near _____ Distant _____ Rt. _____ Lt. _____

<b>Marks of Identification, if any</b>	Have you suffered any major illness/accident/been operated open ? Please specify.
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<b>Marital Status</b>			a) If married, No.of Children with age.  b) Other dependents: Relationship & age.
<b>Single</b>	<b>Married</b>	<b>Widow</b>	

**EDUCATIONAL RECORD**  
(Please start from School Leaving Certificate)

Year	Examination Passed	Name of School/College/Institute/University	Division/Class Obtained	Distinctive achievement if any

**Specialised 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**

Name & Address of Employer (Please state current or last employment first)	Period		Position Held	Nature of Duties (Briefly)	Remunerations						Reasons for leaving or wanting to leave
	From	TO			Scale of pay	Basic pay	DA	Other monthly allowances	Total	Other Benefits	

- 01) May we make enquiries from your present employer ?
- 02) Give names and addresses of two persons (not related to you) whom we may contact for references.

**1<sup>st</sup> Person**

**2<sup>nd</sup> Person**

Name : _____ Position : _____ Address _____	Name : _____ Position : _____ Address _____
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Are you a Government Servant or an employee of Quasi Government or of a Public Sector Undertaking ?

\_\_\_\_\_

Are you related to any employee of NALCO ? If so, Please give details

\_\_\_\_\_

Are you related to any member of Board of Directors Of NALCO ? If so, please specify.

\_\_\_\_\_

Do you have any business interests of your own ? If so, Please give details.

\_\_\_\_\_

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

\_\_\_\_\_

Please state; briefly, what consideration(s) led you to Apply to NALCO for this position ?

\_\_\_\_\_

Details of enclosures :

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

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

I hereby declare that the entries in this form (additional particulars if any) furnished by me are true the best of my knowledge & belief. I understand that any material misrepresentation or omission made renders me liable to termination or dismissal.

Date

(Signature of Candidate)

Verified by :