

# **GAIL (INDIA) LIMITED**



## (A Government of India Undertaking - a Maharatna Company)

## Advertisement No: GAIL/KCS/OPEN/HR/MED/2022

#### **APPLICATION FORM FOR EMPLOYMENT**

I. POSITION DETAILS:	
1. TITLE	FACTORY MEDICAL OFFICER
II. PERSONAL DETAILS:	
1. NAME OF CANDIDATE (S/ SHRI) 2. CATEGORY- GENERAL/ SC/ ST/ OBC (NCL) 3. NAME OF CASTE/ TRIBE [IN CASE OF SC/ ST/ OBC (NCL)]	
4. PERSONS WITH BENCHMARK DISABILITIES (PwBD)- YES/ NO	
5. TYPE AND %AGE OF DISABILITY IN CASE OF PWBD]	
6. EX-SERVICEMAN YES/ NO	
7. DATE OF COMMISSION AND DISCHARGE (IN CASE OF EX-SERVICEMAN]	
8. DOMICILED IN J&K BETWEEN 01.01.1980 TO 31.12.1989- YES/ NO	
9. NATIONALITY	
10. RELIGION	
11. SEX	
12. MARITAL STATUS	
III. CONTACT DETAILS:	
COMPLETE MAILING/ POSTAL ADDRESS     (INCLUDING DISTRICT, STATE AND PIN CODE)	
2. COMPLETE PERMANENT ADDRESS (INCLUDING DISTRICT, STATE AND PIN CODE)	
3. MOBILE NO.	



#### Gas and Beyond...

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4.	TELEPHONE NO.	
5.	E-MAIL ID	

#### IV. QUALIFICATION(S):(STARTING FROM CURRENT QUALIFICATION)

SL. NO.	EXAMINATION/ DEGREE PASSED	COLLEGE/ INSTITUTION/ UNIVERSITY	YEAR OF PASSING	MODE (FULL TIME/ PART TIME ETC)	%AGE OF MARKS

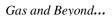
#### V. DETAILS OF REGISTRATION WITH MCI/SMC

SL. NO.	EXAMINATION/ DEGREE PASSED	REGISTRATION NO.	DATE OF REGISTRATION	REGISTRATION WITH (MCI/ SMC)	VALIDITY UPTO , IF ANY

## VI POST QUALIFICATION EXPERIENCE, IF ANY:

NAME OF	POST HELD	PER	IOD	LAST PAY	NATURE OF DUTIES PERFORMED
ORGANIZATION		Form	То	DRAWN	
	NAME OF ORGANIZATION		ORGANIZATION	ORGANIZATION	ORGANIZATION DRAWN





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				CONSIDER CHIEVEMENT	

#### VIII. DECLARATION

I declare that all information given in this application form are true to the best of my knowledge and belief. If any of the information is found incorrect or distorted at any stage, I shall have no objection to cancellation of my candidature.

Place: Signature:

Date: Name:







Regd. Off.: 16, Bhikaiji Cama Place, R. K. Puram, New Delhi - 110066, India Website: www.gailonline.com Corporate Identification No.: L40200DL1984G0I018976