GOA SHIPYARD LIMITED

PERSONAL DATA FORM FOR NON EXECUTIVE

Affix Photo

Advt. No._____ Post: _____

Name : _____ Job. Reg. No. _____

DOB: _____ Present Age: _____

Category: whether UR/OBC/SC/ST: _____ PWD (Yes/No): _____

Employment Exchange Reg. No._____ Name of Emp. Exchange: _____

Traveled from: _____Roll No.: _____

Qualification: (Start from SSC onwards)

Sr. No.	Name of the Examination Passed	Year of Passing	Specialization	Marks		Percentage (%)
				Obtained	Out of	

Additional Qualification/Course

P.T.O

Experience:

Sr. No.	Name of the Company	Designation	Nature of Job	Period		No. of years
				From	To	

Whether presently working in Government Organisation / PSUs: _____

Date : _____ Signature : _____

Note: Attach self attested copies of all relevant certificates.

FOR OFFICE USE

Verified by (Name):- _____

Signature:- _____

Date: _____