BHABHA ATOMIC RESEARCH CENTRE-MEDICAL DIVISION

AFFLICATION TON THE TOOL OF	APPLICATION	FOR THE POST	OF	
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PHOTO

1.	Name in full beginning with Surname (in block letters)	:	: Shri/Smt./Kum)	
		256 267		g set
2.	Nationality	:-		
3.	Marital Status	•	•	
4.	Date of Birth (in Christian era)	:	·	
5.	Address in block letters (a) for correspondence with PIN	code:	2:	
g #				
		:		
	Telephone/Mobile No.		:	
	Email ID			<u> </u>
× ×	(b) Permanent Address		•	
e	(b) I cimatem maness			

6.	Educational and Profes	sional Qu	alification	ı fron	1 SSC	onwards	5**
-				-	•		

Sr. No	Examinatio n passed	University/Board /Institution	Year of passing	Subjects	Class & % of marks
1.	SSC			1	ί.
2.	HSC				
3.					
4.					mans in the State of the State
5.					

7. Experience (Particulars of all previous and present employment are to be furnished)

Name & Address of	Held Cer	Whether Central	Period of Service		Perman ent or Tempor ary	Reason for Leaving
employer/Institution	with Pay	/State /Govt./PSU	From To			
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8.	Area	of Specialization:			Annual and a supplementary of the supplementary of
9.	Detail	ls of relative employed	d in D.A.E or its co	onstituent:-	
	Sr no.	Name of Relative	Relationship	Unit in which employed	Post held
				1 V	
10.	Any of	ther information you n	nay wish to add: _		
11.	a) Scl b) Ma c) Pas d) Exp	attested documents a nool Leaving Certificate rk sheets of Educationa sing Certificate perience certificate C/MNC/MPC/DCI/OTI	e (for Date of Birth) Il & Professional Qu	ualification	ox). [] [] [] [] [] []
	. w				
Date	e:		Sign	afure:	
741			F 1 5 5		