



Bio-data Format

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Position Applied for: _____

Ph.D or equivalent area of
Specialization: _____

1. Name in Full : _____

2. Date of birth: _____ Age as on 1 April 2013 ____ yrs ____ months

3. Mailing Address: _____

Tel. No. _____ Mobile No. _____

Fax No. _____ E-mail _____

4. (a) Gender (M/F): ____ (b) Marital Status: _____

(c) No. of dependents: _____

(d) Details of Family

S.No.	Name	Relation with employee	Age	Profession

10. Courses (Subjects) Taught:

<i>S.No.</i>	<i>Course (Subject) Title</i>	<i>Organization/ Institution</i>	<i>Level (UG/PG)</i>	<i>Participants' Feedback (if available)</i>

11. Full time Work Experience (in reverse chronological order):

<i>Sl. No.</i>	<i>Name of the Employer</i>	<i>Pre-Ph.D.</i>	<i>Post Ph.D.</i>	<i>Period of Service</i>		<i>Position/ Designation</i>	<i>Scale of Pay & Basic Pay</i>	<i>Reason for leaving</i>
				<i>From</i>	<i>To</i>			

(a) Total work experience: _____ years

(b) Total Post-Ph.D. Teaching Experience

- (i) at P.G. level: _____ years
- (ii) at U.G. level: _____ years
- (iii) any other (please specify): _____ years

(c) Total work experience as Academic Professor: _____ years

(d) Total training or consultancy experience: _____ years

(e) Total research experience : _____ years

(f) Total experience in corporate HRD centers: _____ years

12. Details of Publications and Research Works (*Please attach separate sheet, if necessary*)

13. MDPs/Workshops/Seminars/Consultancy conducted (*Please attach separate sheet, if necessary*)

14. Experience of Administrative Responsibilities in Academic Institutions/Trainings/HRD centers:

15. Professional References (Two): Name/Designation/Contact phone nos/Email id

16. Employees of CIL/Subsidiary Companies: Company name/Designation/Location/Dept/ /Employee Number/Date of joining

17. Membership in professional bodies/Associations:

18. Declaration:

I declare that the foregoing information is correct and complete to the best of my knowledge and belief. If any of the information furnished above is found incorrect, my appointment shall be liable to summarily termination without any notice/my candidature is liable to be cancelled.

Date: _____

Place: _____

Signature of the Candidate