**BIO-DATA FORM**

(To be returned to DOFA Office)

**The particulars and documents listed below are required for completion of service records at this Institute. This is one of the essential requirements for absorbing/confirming a member of staff in permanent service.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name in full (IN BLOCK LETTERS) | **Surname** | **First Name** | **Middle Name** |
|  | Full Permanent Home Address(IN BLOCK LETTERS) |  |
|  | Local address in Kanpur (Please notify changes, if any, from time to time) |  |
|  | Father’s Name (and also Husband’s Name in the case of a woman employee, If married) and their residential addresses. |  |
|  | Nationality | INDIAN | IOC | PIO | Others |
|  | If any member of Scheduled Caste/Scheduled Tribe. Particulars of Caste/Tribe (check which is applicable (√)) | GEN | SC | ST | OBC | PH |
|  | Date of Birth by Christian Era | DD/MM/YYYY |
|  | Place of Birth |  |
|  | Educational Qualifications (Please Indicate the Universities/Institutes which awarded Degrees/Certificates | **Degree** | **Year of Passing** | **University/Institute** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | Field of Specialization |  |
|  | Exact height by measurement (without shoe) |  |
|  | Personal mark for identification (if any) |  |
|  | Home Town |  |
|  | Email |  |
|  | Emergency Contact Number |  |
|  | Blood Group |  |

 Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Designation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Department : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dated: ………… P.F. No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please send Certificates in original along-with a copy of each in support of your age and educational qualifications etc. The originals will be returned after verification.*