



स्टील अथॉरिटी ऑफ इण्डिया लिमिटेड
STEEL AUTHORITY OF INDIA LIMITED
इस्को इस्पात संयंत्र
IISCO STEEL PLANT

PHOTO
GRAPH

BURNPUR HOSPITAL, SAIL – ISP, BURNPUR – 713325.

PERSONAL DATA FORM (FOR **Proficiency Trainee (Intern Paramedic)**)

(PLEASE FILL UP THE DETAILS IN CAPITAL LETTERS)

SL.NO.	DETAILS		
01.	NAME		DOB :
02.	FATHER'S NAME		
03.	MOTHER'S NAME		
04.	HUSBAND'S NAME		
05.	DATE OF BIRTH		
06.	PRESENT ADDRESS	PERMANENT ADDRESS :	
07.	MARITAL STATUS		
08.	CATEGORY (PLEASE TICK)	Unreserved / SC / ST / OBC	
09.	MOBILE No(s)		
10.	E-MAIL ID		

11	ACADEMIC QUALIFICATION	BOARD/UNIV.	YEAR OF PASSING	SUBJECT	PERCENTAGE
	10 th				
	12 th (HSC)				

12	Name of the course passed	
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13	B.Sc. / Diploma / Certificate Course in Paramedical	SCHOOL/COLLEGE/UNIVERSITY	MARKS OBTAINED /PERCENTAGE	NO.OF ATTEMPTS
	1 st YEAR			
	2 nd YEAR			
	3 rd YEAR			
	Others			

14	WHETHER HAVING ANY WORK EXPERIENCE (IN ANY OTHER HOSPITALS)	YES / NO (PLEASE TICK)
	IF YES PROVIDE DETAILS	

Place :
CANDIDATE)

(SIGNATURE OF

Date :