

**SHRI VINOBA BHAVE CIVIL HOSPITAL,
DADRA AND NAGAR HAVELI
SILVASSA**

PERFORMA FOR BIODATA

1. Name of post:_____
2. Degree/Diploma/Subject: _____
3. Specialization (if any):_____
4. Additional remarks :_____

5. Full Name (Sh./Smt./Kum.) :
6. Date of Birth :
7. Community i.e. SC/ST/OBC/General :
8. Nationality :
9. Gender : Male/Female

10. Please indicate whether serving under
Central Govt./State Govt./Autonomous
Organization/University/any other Inst./
Pvt.Organization/Central or State Govt.
Undertaking or Self employed :
11. Present Designation, if serving :
12. Name of your Office/Organization/
Institute/University :

13. Last Designation and the name of the
Last Organization :

14. Scale of pay
(Indicate the scale of pay of last
Institution or last pay drawn) :

15. Present basic pay :
16. If self employed placed indicate
Average monthly income :

17. Office Address :

18. Postal Address :

22. Languages Proficiency

Languages	Level of Knowledge

23. If you ever faced any Vigilance Enquiry or enquiry by anti-corruption bureau/Central Bureau of Investigation or any other Investigative Organization:

Please write YES or NO : _____

If yes: Please indicate in brief, the details of the Vigilance Enquiry and outcome thereof (If exonerated, a copy of the order passed by the competent authority may be furnished)

24. Any other information you may like to furnish to the department:

DECLARATION

I DECLARE THAT THE ENTRIES MADE IN THE COLUMNS OF THIS PROFORMA ARE CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE AND NOTHING HAS BEEN EITHER CONCEALED OR MISREPRESENTED BY ME.

Place:

Date:

Signature

