## Applicant's Bio Data Form for the post of Associate Consultants on contract basis -2023(1)

Name of Applicant	Do	at applied for (Aggor	iata Cangultanta).				
S. ONGC CPF No. :							
Father's Name							
5. Date of Birth ://							
Age (as on date of Advertisement):				·-			
7. Category (SC/ST/OBC/GEN):			, ,			.1	
3. (i) ONGC Designation at the time of Retirement:	_				,mo	ntnsays.	
(iii) Discipline (Production / Drilling):							
(iii) Discipline (Production / Drilling) :		_				75.	
Date of Joining in ONGC.  Date of Retirement from ONGC:/	-					25):	
1. Total Service duration in Drilling / Work Over Rig :							
2. Mob. No. :	10. Da	te of Retirement fror	n ONGC :/	/			
3. E-Mail ID:	l1. To	tal Service duration i	n Drilling / Work	Over Rig	g :years	sdays.	
4. Address for postal Correspondence:	12. M	ob. No. :					
	13. E-	Mail ID:					
	14. Ad	dress for postal Corr	espondence:				
SL. Education/Technical Qualification   Name of the Institute(s)   NO. (Highest / Latest)   Section   Name of the Institute(s)   No. (Section   Designation / Level)   Nature of Work   No. Section   Duration (From to )   No. (Section   Duration (From to )   No. (Section   CLARATION:							
SL. Education/Technical Qualification Name of the Institute(s)  NO. (Highest / Latest)  NO. (Highest / Latest)  NO. (Highest / Latest)  NO. Section Nature of Work Duration (From to )  No. Section Nature of Work Duration (From to )  Nonths  CLARATION:						PIN Code:	
NO. (Highest / Latest)  1.6. Experience details:  SI. Name of Work Centre / Designation / Level)  No. Section  Nature of Work  Duration (From to )  Months)  CLARATION:	15. De	tails of Educational/	Technical Qualific	cation(s)	!		
6. Experience details:  SI. Name of Work Centre / Designation / Level)  Nature of Work  Duration (From to )  Period (Yrs, Months)  Pont of Work  Months)  CLARATION:	SL.	,	•			Name of the Institute(s)	
Sl. Name of Work Centre / Designation /Level) Nature of Work Duration (From to ) Months)  Period (Yrs Months)  CLARATION:	INU.	(nighest /	Latesty				
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Sl. Name of Work Centre / Designation /Level) Nature of Work Duration (From to ) Months)  Period (Yrs Months)  CLARATION:							
No. Section /Level) Nature of Work Duration (From to ) Months)  CLARATION:	l6. Ex	perience details:					
No. Section /Level) Months)  CLARATION:	Sl.	Name of Work Centr	re / Designation	Natura	of Work Duration (From to) Period		
	No.	Section	/Level)	Nature	or work	Duration (From to )	Months)
	CLAR	ATION:					
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Enclosure:-