



**Odisha Power Generation Corporation Ltd.**

**BIO DATA FORMAT**

**Advertisement No. & Date:** OPGC/CO/ADV/1/2022 Dated: 30.03.2022

**Post:** Specialist Medical Officer (Contractual)

Affix a Color  
Photograph Here

1. **Name of Candidate (in Capital)** :
2. **Father's Name** :
3. **Date of Birth** :
4. **Age as on Date of advertisement** :                      Years                      Months                      Days
5. **Medical Council Registration No. & Place** :
6. **Present Communication Address** :

7. **Permanent Communication Address** :

8. **Mobile Phone Number** :

9. **E-mail ID** :

10. **Qualification** :

Sl. No.	Examination Passed / Discipline	Name of Board / University / Institute	Duration of Course	Whether Regular (Yes/No)	Year & Month of Passing	Maximum Marks	Marks Obtained


**11. Experience**

Sl. No.	Organization / Hospital	Post Held	Period		Nature of Duties
			From	To	

**12. If selected, Minimum time required to join OPGC:                      Months                      Days**

**Declaration**

I, hereby declare that all the statements made in this application and attached CV/Resume are true, complete and correct to the best of my knowledge and belief.

**PLACE:**

**SIGNATURE:**

**DATE:**

**NAME:**

**Note:** Please attach a latest copy of CV/Resume along with this form.