



Odisha Power Generation Corporation Ltd.

BIO DATA FORMAT

Advertisement No. & Date: OPGC/HR/03/2022 Dated: 15.06.2022

Post: Specialist Doctor (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.