GOA SHIPYARD LIMITED

PERSONAL DATA FORM FOR NON EXECUTIVE

Affix Photo

Auvi	. No Post:	*				
Name:			Job. R	eg. No		
DOB	:		Present Age:			
			PWD (Yes/No):			
			Name of Emp. Exchange:			
Traveled from:			Roll No.:			
	lification: (Start from SS			*		
Sr.	Name of the	Year of	Specialization	Marks		Percentage
No.	Examination Passed	Passing		Obtained	Out of	(%)
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Addi	tional Qualification/Cou	ırse				
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Exp	JCII	CH	CC.

Sr.	Name of the Company	Designation	Nature of Job	Period		No. of
No.		,		From	То	years
		4.4				
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Whether presently working in Go	vernment Organisation / PS	Us:	
Date :	Signature	:	
Note: Attach self attested copies of all rele	vant certificates.		
FO	OR OFFICE USE		
Verified by (Name):-			
Signature:			
Date:			