

Advt. No.....

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(USE CAPITAL LETTERS IN ENGLISH, LIMIT INFORMATION TO BOXES ONLY)										)											
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Qualification <sup>*</sup>	Deg	Name of egree With Branch**Duration of Course (in years)		se	% of marks obtained <sup>#</sup>		Month & Year of Passing			Name of Univers Institute		rsity	7								

\*Please mention qualifications from graduation onwards. \*\*Engineering Degree(s) at Graduation & Post Graduation level to be separately mentioned.

<sup>#</sup>Percentage marks not to be rounded off.

## **EXPERIENCE DETAILS:**

(Please mention full-time, on the job experience only. Training period must not be included in duration of experience. Please start with most recent experience)

S No	Name of Company/	Duration of	Experience	Number of				
	Organisation where worked/working	From date	To date	Years	Months			
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<sup>*</sup> Increase the number of rows (maintain the form	nat structure	e) for furnishi	ng more	experie	nce deta	ils.		
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Phone/ Mobile Number<sup>@</sup>

<sup>@</sup>Please mention phone number with appropriate country and area (STD) codes.

Nearest Airport / Railway Station from the Address mentioned above

I hereby declare that the particulars furnished above are complete and correct to the best of my knowledge and belief. I understand that if at any stage, it is found that the information given in the application is false or incorrect or I do not satisfy the eligibility criteria, my candidature / appointment is liable to be cancelled.

Date	Place	Signature
This form is required to be duly	filled-in, signed and then scanned in PD	F format. Please mail this along

with other testimonials to <u>recruitenp@indianoil.in</u> latest by [ ] August 2013.