

THIAGARAJAR POLYTECHNIC COLLEGE, SALEM – 636005
(Self Supporting Programme)

Name of the Post

BIO-DATA

1. Name (In capital letters) : _____

2. Father's name : _____

3. Date of birth :

D	M	Y

4. Age :

Y	M

5. Community/Caste :

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6. Gender :

Male	Female
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7. Marital Status :

Single	Married
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8. Address with PIN Code : _____

e-mail id : _____

Mobile Number : _____ Landline Ph: _____

9. Qualifications : (attach attested photocopies only)

Affix recent
Passport size

S. No.	Academic / Technical Qualification	Discipline	Name of the Institution	Board / University	year of Passing	% of Marks

10. Details of Experience : (attach photocopies only)

S. No.	Name of the organization	Designation	Experience			Salary drawn per month
			Years	Months	Days	
Total Experience						

11. Any other relevant information

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Declaration:

I hereby declare that all the information furnished above are true to the best of my knowledge and belief.

Place:

Signature:

Date:

Name: _____