

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

Name of the applied 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 :

--	--

6. Gender :

Male	Female
------	--------

7. Marital Status :

Single	Married
--------	---------

8. Address with PIN Code : _____

e-mail id : _____

Mobile Numbers : _____

9. Qualifications : Attach attested photocopies only
From X std., onwards

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

Affix recent
Passport size

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

.....

.....

.....

Declaration:

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

Place:

Signature:

Date:

Name: _____