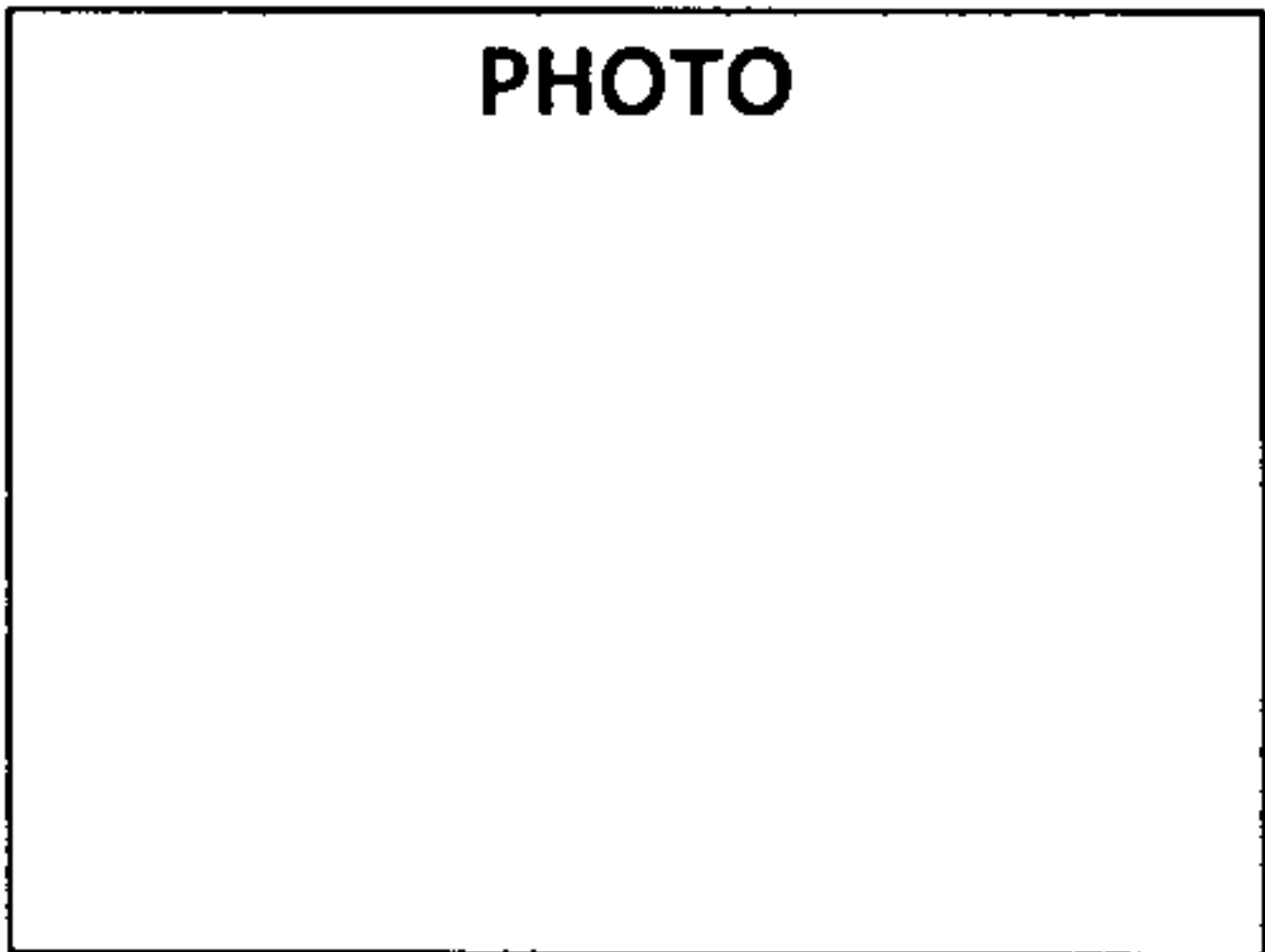


EMPLOYEE BIODATA FORMAT

REGULAR/COTRACTUAL



NAME :

FATHERS NAME:.....

ADDRESS:.....
.....

Date of Birth.....Gender

DESIGNATION:.....

GRADE:.....

DEPARTMENT:.....

APPOINTMENT DATE:.....

JOINING DATE:.....

PRESENTLY WORKING AS A:.....

PRESENT WORKING

DEPARTMENT:.....

EDUCATION QUALIFICATION.....

CONTACT NO:.....

I do hereby declare that all the above mentioned information are true and correct of my knowledge.

SIGNATURE OF THE EMPLOYEE

SIGNATURE HOD'S

Jorhat Medical College & Hospital