

**GOA SHIPYARD LIMITED**

**PERSONAL DATA FORM FOR EXECUTIVES**

Affix  
Photo

ADVT. NO. \_\_\_\_\_ POST: \_\_\_\_\_

NAME: \_\_\_\_\_

CATEGORY: \_\_\_\_\_ JOB REG. NO. \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PRESENT AGE: \_\_\_\_\_

TRAVELLED FROM: \_\_\_\_\_

**QUALIFICATION:**

Sr. No.	Name of the Examination Passed	Year of Passing	Specialization	Marks		Division
				Obtained	Out of	

**EXPERIENCE & JOB HANDLED:**

Sr. No.	Name of the Company	Designation	Period		Nature of Responsibilities
			From	To	

Turnover of Company (Last 02 years worked):- \_\_\_\_\_

ADDRESS:- \_\_\_\_\_

Email ID: \_\_\_\_\_ Contact No:- \_\_\_\_\_

Date:- \_\_\_\_\_

Signature of Candidate:- \_\_\_\_\_