

**RASHTRIYA ISPAT NIGAM LIMITED**

*(Please fill in English only)*

**Application for the post of Visiting Specialist in Visakha Steel General Hospital**

in \_\_\_\_\_ (department)

Affix your latest  
passport size  
photograph (Colour)  
with signature across  
it

<b>I. Personal Details</b>														
1.	Name (IN BLOCK LETTERS)													
2.	Father's Name													
3.	Contact Address													
		PIN												
4.	Telephone No. with STD code													
	Mobile No. (mandatory)													
	E-Mail ID (mandatory)													
5.	Date of Birth (Please enclose proof, SSC/Matric Certificate)	DD _____	MM _____	YYYY _____	Age_____									
6.	Gender (Male/Female)													
7.	Date of Superannuation													
8.	Name of the previous Organization													
9.	Aadhaar No.													
10.	PAN Card No. (mandatory)													

<b>II Educational Qualification (Graduation onwards) * (Please enclose certificate copies)</b>						
Course name	Board / University/ Institute	Degree Obtained	Duration (MM/YY)		%age of Marks	Grade/ Class
			From	To		
Graduation						
PG and Other Qualifications						

<b>III</b>	<b>Employment details*</b> (beginning with the latest) (Please enclose experience certificate copies)		
	Total post-qualification experience: _____ years _____ months		
Organization, Designation with Pay/ Emoluments	Period (DD/MM/YY)		Responsibilities
	From	To	

If selected, mention the time required to join?	
Any other information	

**NOTE:** \* Please attach separate sheet(s) if space given is insufficient.

**DECLARATION:**

I hereby declare that I agree with all the terms & conditions given in the aforesaid advertisement and that all the information stated in this application form are true. In case any of my declaration and documents attached herewith is found to be untrue and if I am unable to produce relevant documents in support of the eligibility condition, my candidature may be cancelled at any stage of the recruitment process. In the event that the wrong statement is detected after my appointment then my services are liable to be terminated without notice.

Place: \_\_\_\_\_

Date:     /     / 2024

\_\_\_\_\_  
**Signature of the candidate**

Scanned application completed in all respects with self attested copies of certificates / testimonials should be sent by email to email id: [vsghrinl@vizagsteel.com](mailto:vsghrinl@vizagsteel.com) so as to reach latest by **5.00 pm on 29.06.2024.**