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State of Domicil	le																				
Full Name (Surname First)																				
Father's Name																					
Date of Birth	f Birth Date Mo				onth Year						Gender (P				Plea	se √)	M		F	
Qualification*	Deg	Name of Degree With Branch**				ratio Cour year	se	% of marks obtained#			Month & Year of Passing				Name of University / Institute						

(Please mention full-time, on the job experience only. Training period must not be included in duration of experience. Please start with most recent experience)

S No	Name of Company/	Duration of 1	Experience	Nu	mber of
	Organization where worked/working	From date	To date	Years	Months
1.					
	of Assignments Handled/Space de documentary evidence, when the documentary evidence with the evi		med		

EXPERIENCE DETAILS:

S No	Name of Company/	Duration of	Experience	Nu	mber of
	Organization where	From date	To date	Years	Months
	worked/working				
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Type o	f Assignments Handled/ S	pecific Task Perfor	med*	1	
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Please attach additional details, if required in separate sheet for covering the entire experience profile.

 ${\bf Please\ fill\ the\ below\ table\ also\ as\ part\ of\ Experience\ Details\ (Mandatory\ Requirement):}$

		As Drilling	Engineer	As Drilling In-Charge								
	Vertical Well	Deviated Well	Horizontal Well	HPHT Well	Vertical Well	Deviated Well	Horizontal Well	HPHT Well				
Wells drilled in Carbonate Basins												
Wells drilled in Clastic Basins												
No. of Campaigns associated for Drilling planning, casing designing, planning for mud and other parameters												
No. of Campaigns associated for Tendering for drilling rigs, materials, evaluation of tenders												

^{*}Increase the number of rows (maintain the format structure) for furnishing more experience details.

Postal Address for correspondence																
(Don't write Your																
Name)																
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	STA	ATE														
Your E-mail id ^{\$}																
\$E-mail id is must without which no further correspondence will be undertaken. Please maintain this id for all future correspondence, which will be undertaken through e-mail to this id only																
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Phone/ Mobile Number [@]																
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Nearest Airport / Railway Station from the Address mentioned above				1												
I hereby declare that the particulars furnished above are complete and correct to the best of my knowledge and belief. I understand that if at any stage, it is found that the information given in the application is false or incorrect or I do not satisfy the eligibility criteria, my candidature / appointment is liable to be cancelled.																

This form is required to be duly filled-in, signed and then scanned in PDF format. Please mail this along with other testimonials to apply_consultant@indianoil.in latest by 30 June 2021.

Place

Date

Signature