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| Name of Posi | | | | | | | | | | | | | | | | | | | | | |
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| SE CAPITAL LE | ΓTERS | SINE | ENGI | LISH, | LIM | IT IN | NFOF | RMAT | ION | TO | ВОХ | ES | ONI | LY) | | | | | | | |
| Category (Please √) | | | | SC | SC ST OBC PH ExSM | | | | | | | | | Affix your Passport size photograph | | | | | | | |
| State of Domicil | le | | | | | | | | | | | | | | | | | | | | |
| Full Name (Surname First |) | | | | | | | | | | | | | | | | | | | | |
| Father's Name | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth | Ι | Date | | Mon | ıth | | | Year | | | | G | end | er (P | Plea | se √ |) | M | | F | |
| Qualification* | Deg | lame gree \ ranc | Witl | 1 | of C | ratio Cour year | se | n | 6 of arks aine | S | 7 | ea | th & r of ing | | | Nan | | of Ui | | rsity | y / |
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(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 evidence with the documentary evidence with the evi | | med | | |
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EXPERIENCE DETAILS:

| S No | Name of Company/ | Duration of | umber of | | | | | |
|---------|---------------------------------------|-------------------|----------|-------|--------|--|--|--|
| | Organization where | From date | To date | Years | Months | | | |
| | worked/working | | | | | | | |
| 2. | | | | | | | | |
| | f Assignments Handled/ S _l | | med* | | | | | |
| (Provid | le documentary evidence, wl | herever possible) | | | | | | |
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| 3. | 64 | * C* TE 1 TE C | Tab | | | | | |
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| (Provid | le documentary evidence, wl | nerever possible) | | | | | | |
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Please attach additional details, if required in separate sheet for covering the entire experience profile.

Please fill the below table also as part of Experience Details (Mandatory Requirement):

| Area of Experience | | Years of experience |
|--|---|---------------------|
| Years of experience in Prospect generation and maturation for drilling | In Clastic Environment | |
| | In Carbonate Environment | |
| Well Log Interpretation | Both Clastic & Carbonate Environment | |
| Experience as Development geologist | In Clastic Environment | |
| | In Carbonate Environment | |
| No. of FDP Prepared | As Development Geologist | No. of FDP = |
| Software Handled | | |

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

| Postal Address for correspondence | | | | | | | | | | | | | | |
|--|----------------|-----------|------------|-----------|-----------|--------|-------|-------|-------|--------|-------|---------|---------|------|
| (Don't write Your Name) | | | | | | | | | | | | | | |
| | | | | | | | PIN | | | | | | | |
| | STATE | | | | | | | | | | | | | |
| Your E-mail id ^{\$} | | | | | | | | | | | | | | |
| \$E-mail id is must with future correspondence | | | | | | | | | ase n | nainta | in th | is id f | for all | |
| Phone/ Mobile Number [@] | | | | | | | | | | | | | | |
| [@] Please mention phon | e number with | n appropr | iate cou | untry and | l area (S | STD) c | codes | S. | | | | | | |
| Nearest Airport / Rathe Address mention | • | n from | | | | | | | | | | | | |
| I hereby declare that and belief. I understa or incorrect or I do no | and that if at | any stage | e, it is f | ound th | at the i | nform | atio | n giv | en in | the a | appli | catio | n is fa | alse |
| Date | | | | Place | | | | | | | | Si | gnatı | ıre |

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.