

RASHTRIYA ISPAT NIGAM LIMITED*(Please fill in English only)***Application for Visiting Specialist in Visakha Steel General Hospital**

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

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

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

III Employment details* (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	

Preferred Visiting Time (Tick)	8.00am to 12 noon	3.00 pm to 7.00pm
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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: / / 2025

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 so as to reach latest by 5.00 pm on **17/06/2025**.