



भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

7. Date of Birth :

DD		MM		YYYY			

Completed Age as on 01/07/2016: _____ Years _____ Months

8. Marital Status :

Married	Unmarried	Others (Specify)
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9. Father's/Husband's Name: _____

10. Nationality : _____

11. Educational Qualifications:

Examination Passed	Name of the Board/ University	Month & Year of Passing	Aggregate Marks	No. of Attempts
Graduation				
Post Graduation				
Technical				

12. Work Experience: No. of Years _____

Name of the Organization	Tenure of Employment		Post occupied	Last Emoluments drawn
	From	To		

13. Choice of Place of posting:

Preference 1	Preference 2	Preference 3	Preference 4

14. Any other Information

DECLARATION:

I hereby declare that all the statements made in this Application hereinabove are true and correct to the best of my knowledge and belief. I understand that in the event of any information being found false, incorrect or incomplete or if I am found ineligible due to non-fulfillment of eligibility criteria, my candidature for the applied post is liable to be cancelled/rejected at any stage of recruitment.

Date :
Place :

(Signature of the Applicant)