



**STEEL AUTHORITY OF INDIA LIMITED**  
**IISCO STEEL PLANT**  
**PERSONAL DATA SHEET**

Please affix your self-attested colour photograph (same as uploaded online)

**Instructions:**

1. Use only blue / black ball point pen.
2. Leave one space blank in between two words.
3. All columns should be filled only in English and **BLOCK LETTERS** only.
4. Tick mark in the appropriate columns wherever applicable.
5. **Write N.A.** wherever not applicable.

|   |     |  |    |                            |               |  |              |
|---|-----|--|----|----------------------------|---------------|--|--------------|
| Post:   |     |  |    | Discipline/ Trade          |               |  |              |
| Roll No   |     |  |    | Date & Time of Interview : |               |  |              |
| Application No.   |     |  |    |                            |               |  | [Annexure-1] |
| E-Receipt submitted (Put √ mark)                        | Yes |  | No |                            | [Annexure-2]  |  |              |
| Registration Slip submitted, if applicable (Put √ mark) | Yes |  | No |                            | [Annexure-2A] |  |              |

|   |                              |  |  |  |  |  |  |  |  |  |  |          |  |              |
|---|------------------------------|--|--|--|--|--|--|--|--|--|--|----------|--|--------------|
| 1 | Name of the Candidate:       |  |  |  |  |  |  |  |  |  |  |          |  | [Annexure-3] |
|   | Last Name                    |  |  |  |  |  |  |  |  |  |  |          |  |              |
|   | First Name                   |  |  |  |  |  |  |  |  |  |  |          |  |              |
|   | Middle Name                  |  |  |  |  |  |  |  |  |  |  |          |  |              |
| 2 | Father's/Guardians full Name |  |  |  |  |  |  |  |  |  |  | Relation |  |              |
| 3 | Mother's full Name           |  |  |  |  |  |  |  |  |  |  |          |  |              |

|   |                     |      |  |        |  |       |  |   |                             |        |  |         |  |
|---|---------------------|------|--|--------|--|-------|--|---|-----------------------------|--------|--|---------|--|
| 4 | Gender (Put √ mark) | Male |  | Female |  | Other |  | 5 | Marital Status (Put √ mark) | Single |  | Married |  |
|---|---------------------|------|--|--------|--|-------|--|---|-----------------------------|--------|--|---------|--|

|   |             |  |   |          |  |   |                                     |               |  |    |  |
|---|-------------|--|---|----------|--|---|-------------------------------------|---------------|--|----|--|
| 6 | Nationality |  | 7 | Religion |  | 8 | Departmental Candidate (Put √ mark) | [Annexure-3A] |  |    |  |
|   |             |  |   |          |  |   |                                     | Yes           |  | No |  |

|   |                     |     |  |  |       |  |  |      |  |  |  |  |              |
|---|---------------------|-----|--|--|-------|--|--|------|--|--|--|--|--------------|
| 9 | Date of Birth       |     |  |  |       |  |  |      |  |  |  |  | [Annexure-4] |
|   | In figure           | Day |  |  | Month |  |  | Year |  |  |  |  |              |
|   | In words            |     |  |  |       |  |  |      |  |  |  |  |              |
|   | Supporting document |     |  |  |       |  |  |      |  |  |  |  |              |

|    |   |     |  |    |  |    |  |         |  |     |  |              |
|----|---|-----|--|----|--|----|--|---------|--|-----|--|--------------|
| 10 | Caste/Category (Put √ mark)                         | Gen |  | SC |  | ST |  | OBC-NCL |  | EWS |  | [Annexure-5] |
|    | Certificate Issuing Authority (wherever applicable) |     |  |    |  |    |  |         |  |     |  |              |

|    |   |                |         |     |  |    |  |              |
|----|---|----------------|---------|-----|--|----|--|--------------|
| 11 | Whether Physically Handicapped (PwD) (Put √ mark) |                |         | Yes |  | No |  | [Annexure-6] |
|    | If yes, details of disability                     | Type           |         |     |  |    |  |              |
|    |   | Percentage (%) | _____ % |     |  |    |  |              |

|    |  |     |     |        |    |      |              |
|----|--|-----|-----|--------|----|------|--------------|
| 12 | Whether Ex-Serviceman (Put √ mark)   |     | Yes |        | No |      | [Annexure-7] |
|    | If Yes, Name of serving organization   |     |     |        |    |      |              |
|    | Period of Service : Total Duration   | Yrs |     | Months |    | From | / / To / /   |
|    | Issuing Authority of Released/Discharged/NOC (in case of in-service ESM candidate) |     |     |        |    |      |              |

|    |                       |  |  |  |      |        |  |     |      |  |  |  |  |
|----|-----------------------|--|--|--|------|--------|--|-----|------|--|--|--|--|
| 13 | Present Address :     |  |  |  |      |        |  |     |      |  |  |  |  |
|    | Vill /Building/Street |  |  |  |      |        |  |     |      |  |  |  |  |
|    | P.O.                  |  |  |  | P.S. |        |  |     | Dist |  |  |  |  |
|    | State                 |  |  |  |      |        |  | PIN |      |  |  |  |  |
|    | Email Id:             |  |  |  |      | Mobile |  |     |      |  |  |  |  |

|    |                      |  |  |  |      |        |  |     |      |  |  |  |  |
|----|----------------------|--|--|--|------|--------|--|-----|------|--|--|--|--|
| 14 | Permanent Address :  |  |  |  |      |        |  |     |      |  |  |  |  |
|    | Vill/Building/Street |  |  |  |      |        |  |     |      |  |  |  |  |
|    | P.O.                 |  |  |  | P.S. |        |  |     | Dist |  |  |  |  |
|    | State                |  |  |  |      |        |  | PIN |      |  |  |  |  |
|    | Email Id:            |  |  |  |      | Mobile |  |     |      |  |  |  |  |

|   |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|
| Full signature of the candidate with date |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|

|    |                           |              |  |  |  |  |  |  |  |  |  |  |
|----|---------------------------|--------------|--|--|--|--|--|--|--|--|--|--|
| 15 | Educational Qualification | [Annexure-8] |  |  |  |  |  |  |  |  |  |  |
|----|---------------------------|--------------|--|--|--|--|--|--|--|--|--|--|

|  | Qualification            | Board/ University | % of Marks | Year of passing |
|--|--------------------------|-------------------|------------|-----------------|
|  | Secondary                |                   |            |                 |
|  | H.S.(Science)            |                   |            |                 |
|  | H.S.(Other than Science) |                   |            |                 |
|  | Graduation               |                   |            |                 |

| 16 | Essential Minimum Qualification (as on 07.01.2023) – As per advertisement [Annexure-9] |                                |                 |                    |                |                 |
|----|--|--------------------------------|-----------------|--------------------|----------------|-----------------|
|    | Qualification  | Board/ University/ Institution | Total Marks (*) | Marks obtained (*) | % of Marks (*) | Year of passing |
|    |  |                                |                 |                    |                |                 |
|    |  |                                |                 |                    |                |                 |
|    |  |                                |                 |                    |                |                 |

(\*) Mandatory column to be filled-in

| 17 | Registration / License / Certificate as per requirement (if any) |  | Submitted (Put √ mark) | Yes | No         | [Annexure-10] |   |
|----|--|--|------------------------|-----|------------|---------------|---|
|    | If yes, give details   | Registration / Certificate/License No. |                        |     | Issue Date | /             | / |
|    |  | Issued by                              |                        |     | Valid upto | /             | / |

| 18 | Essential work experience as per requirement (if any) (use additional sheets if required) [Annexure-11] |                  |          |       |        |     |
|----|---|------------------|----------|-------|--------|-----|
|    | Name and address of the Organization  | Name of the post | Duration |       | Period |     |
|    |   |                  | Year     | Month | From   | To  |
|    |   |                  |          |       | / /    | / / |

| 19 | Declaration by the candidate   |  |  |  |  |  |
|----|--|--|--|--|--|--|
|    | I, Mr./Mrs./Ms./Mx_____ hereby declare that the particulars given by me are correct and in the event of any of the information furnished above is found to be false or untrue or not conform to the eligibility specified in the advertisement, my candidature for the post shall be cancelled at any stage of recruitment process and / or I shall be liable to be removed from the service of the company even after my employment in IISCO Steel Plant, SAIL. |  |  |  |  |  |
|    | Date:  |  |  |  |  |  |
|    | Place: (Full Signature of the candidate )  |  |  |  |  |  |

|     |  |             |
|-----|--|-------------|
| 20  | Please enclose 02 (Two) sets of self-attested photocopies of the following as per the sequence given below:  |             |
| (a) | Interview Call letter  | Annexure-1  |
| (b) | E-Receipt (application fees)   | Annexure-2  |
| (c) | Original Registration Slip/ Application ID/No. (if applicable)   | Annexure-2A |
| (d) | Photo Identity proof- Voter Card (EPIC)/ Driving License/ PAN Card/Aadhaar Card  | Annexure-3  |
| (e) | Certificate from respective Personnel Executive of concerned unit mentioning date of joining as permanent employee and date of birth plus original Identity card – For departmental candidate. | Annexure-3A |
| (f) | Date of Birth & Name – Matriculation certificate   | Annexure-4  |
| (g) | Valid Caste / Category Certificate, if applicable  | Annexure-5  |
| (h) | Valid Disability (PwD) Certificate, if applicable  | Annexure-6  |
| (i) | Valid ESM Certificate, discharge book for Ex-serviceman, if applicable   | Annexure-7  |
| (j) | Educational Qualification(s): Mark sheet(s) & Certificate(s)   | Annexure-8  |
| (k) | Essential Minimum Qualification: Mark sheet(s) and Certificate(s)  | Annexure-9  |
| (l) | Registration (Doctor) / Certificate (BOE), as per requirement (if any)   | Annexure-10 |
| (m) | Essential work experience certificate as per requirement   | Annexure-11 |
| (n) | Civil equivalence certificate of qualification, if applicable  | Annexure-12 |
| (o) | No Objection Certificate (NOC) by the present employer, if applicable  | Annexure-13 |
| (p) | Valid Certificate in the prescribed format w.r.t candidate's eligibility to avail extra/ compensatory time during CBT  | Annexure-14 |