



# कोल इण्डिया लिमिटेड

COAL INDIA LIMITED

भर्ती विभाग

RECRUITMENT DIVISION

सूचना

**NOTICE**

The following 28 candidates selected (3<sup>rd</sup> Phase) to the post of Sr. Medical Officer (E3 grade) against Open Recruitment Advt. No. 01/2018, are hereby advised to report at **Indian Institute of Coal Management (IICM), Kanke Road, Ranchi** at **9.00 A.M on Tuesday, 2<sup>nd</sup> July 2019** for documents verification & Initial Medical Examination(IME).

On being declared medically fit in IME and on submission of relieving letter from the present employer, if any, the candidates will be issued with offer of appointment.

Sl.No.	App. ID	Name of candidate (Dr.)	Category	DoB
1	46759	G SARMADA	UR	04/May/94
2	48242	DIVYA KUMARI	UR	17/Jan/88
3	45921	DEVALINA BASU	UR	15/Dec/89
4	46089	POOJA SAUNAKIYA	UR	24/Dec/92
5	46678	MADHAV VADIRAJ KULKARNI	UR	08/May/91
6	43652	AMITH V S	UR	16/Dec/89
7	47628	NAHID NASEEM	UR	06/Apr/89
8	48095	TANYA MISHRA	UR	08/Jan/92
9	47284	SUMAN KHAWAS	UR	27/Feb/93
10	44631	SRINIJA BACHU	UR	11/Jun/93
11	43994	MADHUSMITA MAHAPATRA	UR	16/Jul/91
12	43581	PRASHANT MISHRA	UR	31/Jul/89
13	46737	JAYESH ANANT MHATRE	UR	12/Dec/88
14	47452	SUMAN KUMARI	UR	31/Dec/90
15	46090	MOHAMMAD ABUZHID UNS	UR	15/Feb/93
16	47996	SNIGDHA KUMARI	UR	19/May/90
17	45052	NAVIN KUMAR TIWARI	UR	26/Jan/90
18	44111	AMEENA UMERUMAN	UR	18/Aug/91
19	48716	SNEHA PUVVULA	UR	25/Jul/92
20	45334	SOUMYASIL DAS	UR	30/Dec/86
21	46528	SHAIK RESHMA	UR	29/Sep/89
22	44618	AMIT KUMAR	OBC (NCL)	01/Mar/82
23	48390	B SATHYANAND BABU	OBC (NCL)	04/Jun/86
24	44348	SANJOO YADAV	OBC (NCL)	01/Sep/89
25	46289	JATOTHU ASHWINI NAIK	ST	30/May/93
26	45854	SHAHBAZ HUSAIN	OBC (NCL)	31/Mar/84
27	48869	HARSHAL GOKULDAS KSHIRSAGAR	OBC (NCL)	13/Sep/86
28	48280	PRADYUT KUMAR THAKUR	ST	17/Jul/92

Following documents are to be carried by the candidates selected to the post of Sr. Medical Officer (E3 grade) for documents verification & Initial Medical Examination (IME) at **9.00 AM on Tuesday, 2<sup>nd</sup> July 2019.**

Sl. No.	Document
1	One copy of duly signed Bio-data form (enclosed below)
2	One copy of self-attested Identity proof (any one of Aadhaar / PAN card / Voter Id card / Passport / Driving License)
3	Copy of No Objection Certificate in case of candidates working in Govt./Semi-Govt./Public Sector Undertaking/Autonomous body
4	For candidates who have claimed reservation under SC/ST/OBC-NCL/PwD/Ex-Servicemen category: One copy of self-attested SC/ST/OBC-NCL/PwD certificate in the prescribed format. In case of Ex-Servicemen to produce Discharge certificate. In case of OBC-NCL, the certificate should be issued in the current financial year i.e. 2019-20.
5	One set of attested copy of all Mark-sheets/Certificates from High School onwards.
6	One copy of MCI/SMC registration certificate
7	10 copies of recent passport size colour photograph

- NOTE:**
1. Original documents in respect of Sl. No. 2, 3, 4, 5 & 6 above are to be carried and shown during documents verification at IICM, Ranchi.
  2. Candidates are advised to go through the CIL's Medical Attendance Rule available on CIL's website and ensure that they meet the medical/ physical standard to avoid any disappointment in IME.

**General Manager (Personnel / Recruitment)**

BIODATA/ DECLARATION FORM

PERSONAL DATA OF AN EXECUTIVE AT THE TIME OF ENTRY INTO THE SERVICE

1. Name of the Executive(in BLOCK LETTERS): \_\_\_\_\_

EIS No.: \_\_\_\_\_

2. Father's name/ Husband's Name: \_\_\_\_\_

3. Mother's Name: \_\_\_\_\_

4. Name of the Company posted: \_\_\_\_\_

5. Date of Birth(in figures)

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Date of Birth (in words): \_\_\_\_\_

6. Date of Initial Appointment : \_\_\_\_\_

7. Designation: \_\_\_\_\_

8. Present Grade: \_\_\_\_\_

9. Discipline: \_\_\_\_\_

10. Sex: \_\_\_\_\_ Blood Group: \_\_\_\_\_

11. Aadhar Card No.: \_\_\_\_\_

12. Marital Status (Married/Unmarried, Widow/Widower). If married, Name of Spouse:

\_\_\_\_\_

13. Religion: \_\_\_\_\_

14. Whether belongs to General/SC/ST/OBC (Non-creamy layer) (based on caste certificate):

\_\_\_\_\_

15. Whether belongs to Minority Community (Yes /No): \_\_\_\_\_ If yes, name of the Community \_\_\_\_\_

16. Whether PWD (Yes/No): \_\_\_\_\_ If yes, Kind of Disability and % of Disability \_\_\_\_\_

17. Qualification (supported by documents): \_\_\_\_\_

18. Permanent Address:

\_\_\_\_\_

\_\_\_\_\_

PO - \_\_\_\_\_ PS - \_\_\_\_\_ Dist - \_\_\_\_\_ PIN - \_\_\_\_\_

Telephone No.: \_\_\_\_\_ MobileNo. : \_\_\_\_\_

Email Address: \_\_\_\_\_

**Affix Self  
Attested  
Photograph**

Address of Office of Supdt. of Police under whose jurisdiction, above PS comes

\_\_\_\_\_

19. Present Address:

\_\_\_\_\_

PO - \_\_\_\_\_ PS - \_\_\_\_\_ Dist - \_\_\_\_\_ PIN - \_\_\_\_\_

Telephone No.: \_\_\_\_\_ MobileNo. : \_\_\_\_\_

Email Address: \_\_\_\_\_

Address of Office of Supdt. of Police under whose jurisdiction, above PS comes

\_\_\_\_\_

20. Mark(s) of identification: \_\_\_\_\_

21. CMPF Account no. ( to be filled up after allotment): \_\_\_\_\_

22. Details of Dependents:

S.No.	Name	Relation	Date of Birth /Age	Occupation/ Name of Employer in case of service	Annual Earning
1					
2					
3					

23. Name of the nominee for receiving gratuity (Form L to be attached after being posted):

\_\_\_\_\_

24. Particulars of next kin for communication in case of emergency.

(a) Name:

(b) Relationship:

(c) Address:

(d) Telephone No.: \_\_\_\_\_ Mobile No. : \_\_\_\_\_

Declaration:

I, \_\_\_\_\_ solemnly affirm that the above declaration is correct and I understand that

in the event of the declaration being found to be incorrect after my appointment, I shall be liable to be dismissed from service and other actions as per the law of land.

Signature of the Incharge  
of the Executive Establishment  
Date

Signature of the Executive  
Date