Bio Data Form PDF

**Personal Information**

* **Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Date of Birth (MM/DD/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Gender: ☐ Male ☐ Female ☐ Other**
* **Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed**
* **Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Photo: Attach your recent photo here**

**Contact Details**

* **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_**
* **Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Educational Background**

| **Degree** | **Institution** | **Year of Passing** | **Specialization** |
| --- | --- | --- | --- |
| ☐ \_\_\_\_\_\_\_\_\_\_\_\_ | ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ☐ \_\_\_\_\_\_\_\_\_\_\_\_ | ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ☐ \_\_\_\_\_\_\_\_\_\_\_\_ | ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Work Experience**

| **Company Name** | **Position** | **From - To** | **Responsibilities** |
| --- | --- | --- | --- |
| ☐ \_\_\_\_\_\_\_\_\_\_\_\_ | ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ \_\_\_\_\_\_\_\_\_\_\_\_ | ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ☐ \_\_\_\_\_\_\_\_\_\_\_\_ | ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ \_\_\_\_\_\_\_\_\_\_\_\_ | ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ☐ \_\_\_\_\_\_\_\_\_\_\_\_ | ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ \_\_\_\_\_\_\_\_\_\_\_\_ | ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Skills and Competencies**

* ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Languages Known**

* ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ Speak ☐ Read ☐ Write
* ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ Speak ☐ Read ☐ Write
* ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ Speak ☐ Read ☐ Write

**References**

* Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration**

I hereby declare that the information provided is true and correct to the best of my knowledge and belief.

* **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_