

AFFIX
PASSPORT
SIZE
PHOTOGRAPH

APPLICATION FOR THE POST OF _____

[SURNAME

NAME

FATHER'S NAME]

1. NAME IN FULL _____

2. PRESENT ADDRESS _____

3. PERMANENT ADDRESS _____

TELEPHONE NO. (RES.) _____ MOB. _____

4. DATE OF BIRTH / AGE _____

5. MARITAL STATUS _____ NO. OF CHILDREN & AGE _____

6. ACADEMIC RECORD (STARTING FROM S.S.C.)

Y E A R		COURSE & SPECIALISATION	SCHOOL/COLLEGE/ UNIVERSITY / INSTITUTE	CLASS AND % MARKS
FROM	TO			

7. SHORT-TERM COURSES _____

8. MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS _____

9. LANGUAGES : (INDICATE WHETHER FAIR, GOOD OR FLUENT) - UNDERLINE YOUR MOTHER TONGUE

LANGUAGES	SPEAK	READ	WRITE

10. DETAILS OF EXPERIENCE : STARTING FROM PRESENT APPOINTMENT

YEAR & MONTH		EMPLOYER'S NAME & NATURE OF BUSINESS	DESIGNATION	GROSS CTC PA	
FROM	TO			STARTING	LEAVING

11. DETAILS OF PRESENT APPOINTMENT

NAME AND ADDRESS OF EMPLOYER _____

NATURE OF EMPLOYER'S BUSINESS _____

TOTAL NUMBER OF EMPLOYEES _____ ANNUAL TURNOVER _____

DESIGNATION ON JOINING _____ EFFECTIVE FROM _____

DESIGNATION AT PRESENT _____ EFFECTIVE FROM _____

OUTLINE YOUR JOB RESPONSIBILITIES. ALSO SHOW REPORTING RELATIONSHIPS (I.E. TO WHOM YOU ARE REPORTING AND WHO ALL ARE REPORTING TO YOU) THROUGH A SUITABLE ORGANISATION CHART :

12. WHAT ARE YOUR HOBBIES ?

_____13. MENTION ANY OTHER INFORMATION WHICH YOU THINK SHOULD BE TAKEN INTO ACCOUNT IN CONSIDERING YOUR APPLICATION

_____14. GIVE 3 REASONS WHY YOU WANT TO JOIN OUR COMPANY

15. PRESENT REMUNERATION DETAILS :

RS./MONTH	SALARY+DA	HOUSE RENT	TRANSPORT ALLOWANCE	OTHERS	GROSS TOTAL P.M.
ON JOINING					
AT PRESENT					

BENEFITS & PERQUISITES : P.A.

LTA	MEDICAL FACILITIES	CLUB MEMBERSHIP	ANNUAL BONUS	OTHERS

RETIREMENT BENEFITS :

PROVIDENT FUND	GRATUITY	INCENTIVE	OTHERS

16. REFERENCES : (PERSON SHOULD NOT BE RELATIVE OF THE APPLICANT)

NAME	OCCUPATION / DESIGNATION	ADDRESS WITH CONTACT NO.
(1)		
(2)		

17. ID PROOF COPY _____ ADDRESS PROOF COPY _____

18. HOW MUCH NOTICE PERIOD IS REQUIRED TO GIVE TO YOUR PRESENT EMPLOYER ? _____

19. WHAT SALARY AND BENEFITS DO YOU EXPECT TO RECEIVE ? _____

I CERTIFY THAT THE INFORMATION STATED IN THIS APPLICATION ARE TRUE. I UNDERSTAND THAT SUPPRESSION OF MATERIAL / INFORMATION AND FURNISHING WRONG INFORMATION WHICH MAY BE DETECTED AT ANY STAGE OF MY EMPLOYMENT, WILL RENDER ME LIABLE TO BE DISMISSED FROM THE SERVICE OF THE COMPANY.

DATE :

SIGNATURE

INTERVIEWER'S REMARKS