

<b>APPLICATION FORM :</b>								
<b>Position applied for :</b>								
Name: [surname] [First Name] [Middle Name] <b>Mr./Mrs.</b>								Please affix recent passport size photograph
Present Address :								
Ph. No.:								
Permanent Address :								
Ph. No.:								
Date of Birth :		Height [cms]			Weight			
Marital Status :		No. of Children ( if any )						
Religion :		Cast :			Nationality :			
<b>Family Background I</b>				<b>Languages Known (Underline Mother Tongue)</b>				
<b>Relationship</b>	<b>Qualification</b>	<b>Occupation</b>		<b>Language</b>	<b>Speak</b>	<b>Read</b>	<b>Write</b>	
Father								
Mother								
Brother								
Spouse								

**Academic Qualification:**

<b>Examination</b>	<b>Institution &amp; Location</b>	<b>University / Board</b>	<b>Period From - To</b>	<b>Major Subject(s)</b>	<b>Class /Grade (Percentage )</b>

**APPLICATION FORM**

**Details of Scholarships / Prizes :**

**Hobbies and Extra curricular activities :**

<b>Employment Details (Starting from most recent):</b>					
<b>Name &amp; Address of Employer</b>	<b>Period of Employment</b>		<b>Position Held</b>		<b>Reason for Leaving</b>
	<b>From Month/Yr.</b>	<b>To Month/Yr.</b>	<b>Starting</b>	<b>Leaving</b>	

**Details of Present Salary (on per month basis) :**

Basic: \_\_\_\_\_ Conveyance: \_\_\_\_\_ Medical : \_\_\_\_\_

D.A.: \_\_\_\_\_ L. T. A : \_\_\_\_\_ Others : \_\_\_\_\_

HRA: \_\_\_\_\_ Bonus : \_\_\_\_\_ Total : \_\_\_\_\_

Total:

**Salary Expected (Per Month including Perquisites):**

Have you applied / attended interviews for any position in our organization? If yes give details.

Position: \_\_\_\_\_ Date: \_\_\_\_\_

Result: \_\_\_\_\_

**Details of Training attended in past experience:**

<b>Name of Company</b>	<b>Training Topic</b>	<b>Faculty</b>

**APPLICATION FORM**

Briefly outline the major achievements in your career :

Are you willing to relocate anywhere in India? Yes / No:

Have you suffered from any major illness in the recent past? If so, give details.

Physical Handicaps (if any):

Whether any of your relative is working in our any organization or had worked on any designation? If yes, kindly give the following details.

Name	Designation	Period
If you selected, when can you join?		

Reference (To include at least one superior from past employment and another professional who is not related.

Name	Occupation / Designation	Address
If you selected, when can you join?		

Can we refer to your present employer? Yes / No: ( If No, please provide the appropriate reason):

I hereby affirm that all information furnished in this form is true.

Place: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### APPLICATION FORM

Personnel Requisition Number : \_\_\_\_\_ Sanctioned on : \_\_\_\_\_

#### Preliminary Screening of Application :

Rating : \_\_\_\_\_ Date : \_\_\_\_\_ Signature : \_\_\_\_\_

#### Preliminary Interview :

Place : \_\_\_\_\_ Date : \_\_\_\_\_

Comments : \_\_\_\_\_

Rating : \_\_\_\_\_ Signature : \_\_\_\_\_

#### Final Interview :

Place : \_\_\_\_\_ Date : \_\_\_\_\_

Comments : \_\_\_\_\_

Rating : \_\_\_\_\_ Signature : \_\_\_\_\_

#### Appointment Details :

Designation : \_\_\_\_\_ Grade : \_\_\_\_\_ Department : \_\_\_\_\_

Division : \_\_\_\_\_ Location : \_\_\_\_\_ Code No. \_\_\_\_\_ Card No. \_\_\_\_\_

Reporting Date : \_\_\_\_\_

**Details of Compensation Package :**

Basic : \_\_\_\_\_ HRA : \_\_\_\_\_ Conveyance : \_\_\_\_\_

**Other Comments ( If any ) :**

Signature :

Personnel	Divisional Head	Vice President	Managing Director
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Check List: Please tick if the following reports and forms have been completed and if the other details have been verified.

Medical Fitness Report:	Age & Date of Birth:
Joining Report:	Previous Experience:
P. F. Forms:	Salary:
Qualification:	References:

**Employee Details :**

P.F. No. : \_\_\_\_\_ E.S.I. No. : \_\_\_\_\_ PAN No. : \_\_\_\_\_