

Section I

Tell us about your Educational Qualification: Please use the space below to highlight your educational background.

Educational Degree	Year of Completion / mention if pursuing	Name of the Institute and (State / Country)	Subjects / Stream	Grade/ %	Please specify if Open School/ Part Time / Correspondence / Regular

B. Tell us about your family:

Relation	Name	Mention if Dependent	Profession	Office Name & Address	Office Contact
Spouse					
Father					
Mother					
Children					
1					
2					

Section II

A. Share with us your Work Experience

Employer's Name & Location	Gross Salary		Designation		Period Worked		Function	Reason for Leaving
	Start	Leaving	Start	Leaving	From	To		

Have you worked earlier? Yes / No (If no, then move on to the next section)

Present Job Responsibility:

Section III

Do you have any ailments and have you been hospitalization in the last one year?

Have you applied to any one of our operations across the country before? Y/N, If Yes, please specify when

References (Not related to you)

S. No	Name	Relationship	Contact Number	Title / Designation

Certification:

I certify that I have read and understand the **Applicant Note** on side one(1) of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge. I understand that any false information, omissions or misrepresentation of facts, called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company or its agents, including consumer reporting bureaus to verify any of this information, including but not limited to criminal history, motor vehicle driving records and financial standing. I authorize all persons, schools companies and law enforcement authorities to release any information concerning my background and hereby release each of them from any liability for any damages whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment.

Signature of the candidate

Date

Hire

Shortlist

Not suitable

INTERVIEWER'S COMMENTS

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For office use only.

Status : / /

Date of Joining : _____

Function : _____