

EMPLOYMENT FORM

[THIS FORM SHOULD BE COMPLETED IN APPLICANT'S OWN HANDWRITING. TRUE COPIES OF TESTIMONIALS SHOULD BE ATTACHED. INFORMATION FURNISHED SHALL BE KEPT CONFIDENTIAL]

POST APPLIED FOR: _____

PERSONAL DATA

1. FULL NAME

SURNAME FIRST NAME SECOND NAME

AFFIX PASSPORT
SIZE
PHOTOGRAPH

2. DATE OF BIRTH DD / MM / YYYY **3. AGE** YRS

4. MARITAL STATUS: _____ **5. NO. OF DEPENDANTS:** _____

6. BLOOD GROUP _____ **7. HEIGHT** _____ CMS **8. WEIGHT** _____ KGS

9. NATIONALITY _____ **10. RELIGION** _____

11. PERMENANT ADDRESS: _____ **11. PRESENT ADDRESS:** _____

PHONE NO (_ _ _) _____ **PHONE NO (_ _ _)** _____

13. NAME AND PHONE NO OF THE PERSON TO BE CONTACTED IN EMERGENCY:

NAME:----- **PHONE NO (_ _ _)** _____

EDUCATION:

DATE		SCHOOL/COLLEGE/UNIVERSITY	DEGREE	MARKS
FROM	TO			

CO-CURRICULAR ACTIVITIES: BRIEFLY DESCRIBE ACTIVITIES UNDERTAKEN DURING STUDIES AND PRIZES, AWARDS WON ETC. (ATTACH SEPARATE SHEET IF REQUIRED)

PROFESSIONAL TRAINING: ATTACH COPIES OF CERTIFICATES

DATE		ORGANIZATION	TYPE OF TRAINING GIVE DETAILS
FROM	TO		

EXPERIENCE ATTACH COPIES OF CERTIFICATES

DATE		ORGANIZATION	POSITION		LAST SALARY	
FROM	TO		HELD		DRAWN	

MEDICAL HISTORY

- HAVE YOU ANY DISABILITIES?
- HAVE YOU UNDERGONE ANY SURGERY IN LAST TEN YEARS?
- IF YES, PLEASE PROVIDE DETAILS:
- ARE YOU SUFFERING FROM ANY RECURRENT DISEASE?
- IF YES, PROVIDE DETAILS:
- ARE YOU ON ANY MEDICATION/TREATMENT? DESCRIBE IF YES:

GENERAL

- IF APPOINTED, WILL YOU SIGN A CONTRACT/BOND? YES/NO
- ARE YOU WILLING TO ACCEPT POSTING ANYWHERE IN INDIA? YES/NO
- GIVE NAMES AND ADDRESSES OF TWO WELL KNOWN REFERENCES WHO CAN VOUCH FOR YOUR PERSONAL INTEGRATION AND CREDENTIALS?

REFERENCE 1

REFERENCE 2

I CERTIFY THAT INFORMATION PROVIDED IN THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT IF ANY OF THE ABOVE PARTICULARS ARE FOUND TO BE FALSE, I AM LIABLE TO BE DISMISSED AND ANY SUCH ACTIONS AS THE MANAGEMENT DEEM FIT.

DATE

PLACE

SIGNATURE