

Please affix a Passport size photo here.

ITC Infotech - CANDIDATE APPLICATION FORM

General Instructions.

- Please respond to each column completely and legibly in your own handwriting.
- Please √wherever applicable

PERSONAL DETAILS			
		74. 7	
(in block letters)	First	Middle	Surname
PERMANENT ADDRESS		ADDRESS FOR COMMUN	NICATION
		. Tick if same as Permane	nt Address
)	Tal No (Specify Area Cod	θ)
Mobile No			er:
		E-mail:	
DATE OF BIRTH:		PLACE OF BIRTH:	
(dd/mm/yyyy)	AGE:	STATE	COUNTRY
NATIONALITY / CITIZENSH	IIP BLOOD GROUP:	PERMANENT ACCOUNT NUMBE	
PASSPORT NUMBER :	PASSPORT EXP	IRY DATE (dd/mm/yyyy):	

EDUCATION COURSES

LEVEL	X STD	XII STD/ EQUIV	GRADUATION	POST GRADUATION	OTHERS
NAME OF THE QUALIFICATION AWARDED			81 a 81 a 3 a 7		
BOARD / UNIVERSITY / AFFILIATED INSTITUTE					. 1
DATE ACQUIRED (dd/mm/yyyy)			3 *		
AGGREGATE PERCENTAGE CGPA / GRADE		1 1 1			-15

COURSES	SPECIALIZED CERTIFICATION COURSES (If Any)
	The state of the s

NAME OF THE CO	URSE	INSTITUTE NAME & LOCATION	DURATION (dd/mm/yyyy)	GRADE / AGGREGATE PERCENTAGE
* p. 2*				

WORK EXPERIENCE	

ORGANIZATION &	PERIOD (dd	/mm/yyyy)	DESIGNATION		MAJOR	REASON FOR
ADDRESS	FROM	то		ID	RESPONSIBILITIES	SEPARATION
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						2 2

ADDED INFO

Have you been interviewed in th	e Past in our Company?	Yes: No:
When:	Position applied for:	Location :
Are you related to any director of ITC Infotech?		Yes: No:
Do you have any Friends / relation	ves working or who have worked with ITC Infotech?	Yes: No:

REFERENCES PLEASE GIVE DETAILS OF 2 PROFESSIONAL REFERENCES

Name	Organization & Address	Position	Telephone	Relationship
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		1	1 2 2	
				r gi n

Note: Please attach legible copies of the following supporting documents, relevant to the entries made above:

- 1. Photocopy of Appointment / Salary Slips / Resignation / Release Letters from Current & Previous Employers
- 2. Photocopy of Educational Certificates (Mark Sheet and Degree)

Authorization / Declaration and Undertaking:

- I certify that the statements made in this application are valid and complete to the best of my knowledge. I understand that false or misleading or incomplete and inaccurate information may result in termination of employment at any time during my employment.
- I hereby authorize ITC Infotech India Ltd. And any persons or organization acting on its behalf to verify the information presented on this application form and to procure an investigate report or consumer report for that purpose.
- I hereby grant authority for the bearer to access or to be provided with full details of my previous record. In addition, please provide any other pertinent information requested by the individual presenting this authority
- I hereby release from liability all persons or entities requesting or supplying such information
- I Authorize to contact my past employer and University for a Pre employment Check. YES

CANDIDATE DECLARATION FORM

l,	. Son/Daughter/Wife of	
presently residing at	since	
have been offered the position of	in grade	do solemnly

affirm and declare as follows:

- That I have provided no benefit, either in cash or in kind, to any employee of ITC Infotech India Limited or its affiliates, or any relative/associate of any employees of ITC Infotech or its affiliates in order to secure a job offer from ITC Infotech India Limited or its affiliates and I further undertake not to provide any benefit, either in cash or in kind to such employees/relatives/associates as reward or consideration for securing this job offer.
- That I have not, at any time been convicted by any court in India for any offence involving moral turpitude and sentenced in respect thereof to imprisonment.
- That I have never been externed from my place of stay by any judicial authority and neither am I a proclaimed offender of any state Govt, and to the best of my knowledge there is no proceedings in respect of any criminal offence alleged to have been committed by me or pending before any criminal court in India.
- That no warrant or summons for my appearance, and no warrant for my arrest, has been issued by a court under any law for the time being in force, and that my departure from India, if require, has not been prohibited by order of any such Court.
- That I have also not been arrested, deported or involved in any illegal act in any other country where I have visited. That I have never been repatriated from abroad back to India at the expense of Government of India.

DECLARATION

		material has been concealed	(Place) that the contents of	the above mentioned
Signature:	72 14 62		Date:	· ·

ITC Infotech Ltd

Name : Sex : Single Married Separated	Pre-Employment	Self Declaration form		Medi	ical Hist	ory		
Age: Have you ever had If YES, Year No Have you ever had Year No Appendix removed	Name :		Sex:	Single Married Separated				
Have you ever had If YES, Year No Have you ever had Year No Ye	Date of Birth : Home Add		dress :		* * * * * * * * * * * * * * * * * * * *			
Tonsils removed Fits or Convulsions	Age:							
Appendix removed Other operations Typhoid Severe Injury Malaria Been denied Employment for health reasons Dysentry Amoebic: Baciliary: Pneumonia Jaundice Worn Glasses or Contact Lenses Tuberculosis Asthma Been advised to have an operation Been advised to have an operation related to: Family History Have you had any major operation related to: Relation Age State of Health Kidney Brothers Sisters Eyesight Any Other Operation undergone 1)	Have you ever ha	ad		No	Have	you ever had		No
Other operations Typhoid Severe Injury Malaria Been denied Employment for health reasons Dysentry Amoebic: Baciliary: Pneumonia Jaundice Worn Glasses or Contact Lenses Tuberculosis Worn a Hearing Aid Been advised to have an operation Family History Have you had any major operation related to: Relation Age State of Health Father Heart Mother Brothers Liver Sisters Any Other Operation undergone 1)	Tonsils removed				Fits o	Convulsions		
Typhoid Malaria Been denied Employment for health reasons Dysentry Amoebic: Baciliary: Pneumonia Jaundice Worn Glasses or Contact Lenses Tuberculosis Worn a Hearing Aid Asthma Been advised to have an operation Family History Have you had any major operation related to: Relation Age State of Health Heart Mother Brothers Liver Sisters Any Other Operation undergone 1)	Appendix removed	d			Loss	of Memory		
Malaria Dysentry Amoebic: Baciliary: Pneumonia Jaundice Tuberculosis Asthma Been denied Employment for health reasons Any other illness or injuries Worn Glasses or Contact Lenses Worn a Hearing Aid Been advised to have an operation Have you had any major operation related to: Relation Age State of Health Father Heart Kidney Brothers Sisters Any Other Operation undergone 1)	Other operations			Loss of Consciousness			5 N	
Dysentry Amoebic: Baciliary: Pneumonia Jaundice Worn Glasses or Contact Lenses Tuberculosis Asthma Been advised to have an operation Family History Have you had any major operation related to: Relation Age State of Health Heart Mother Brothers Liver Sisters Any Other Operation undergone Drug Reaction Any other illness or injuries Worn a Hearing Aid Been advised to have an operation Family History Have you had any major operation related to: Specify 1)	Typhoid			Severe Injury				
Pneumonia Any other illness or injuries Worn Glasses or Contact Lenses Tuberculosis Worn a Hearing Aid Been advised to have an operation Have you had any major operation related to: Relation Age State of Health Father Heart Mother Kidney Brothers Liver Sisters Eyesight Any Other Operation undergone 1)	Malaria			Been denied Employment for health reason		denied Employment for health reasons		
Jaundice Worn Glasses or Contact Lenses Tuberculosis Worn a Hearing Aid Asthma Been advised to have an operation Family History Have you had any major operation related to: Relation Age State of Health Specify Father Heart Mother Kidney Brothers Liver Sisters Eyesight Any Other Operation undergone	Dysentry /	Amoebic: Baciliary:		Drug Reaction				
Tuberculosis Asthma Been advised to have an operation Family History Have you had any major operation related to: Relation Age State of Health Father Heart Mother Brothers Sisters Eyesight Any Other Operation undergone 1)	Pneumonia				Any o	ther illness or injuries	1.3	- 1-1
Asthma Been advised to have an operation Have you had any major operation related to: Relation Age State of Health	Jaundice				Worn	Glasses or Contact Lenses		
Family History Have you had any major operation related to : Relation Age State of Health Specify Father Heart Mother Kidney Brothers Liver Sisters Eyesight Any Other Operation undergone 1)	Tuberculosis				Worn	a Hearing Aid	150	-1-4
Relation Age State of Health	Asthma			Been advised to have an operation				
Father Heart Mother Kidney Brothers Liver Sisters Eyesight Any Other Operation undergone 1)	Family History			Have you had any major operation related to :				
Mother Kidney Brothers Liver Sisters Eyesight Any Other Operation undergone 1)	Relation Age	State of Health				Specify		
Brothers Liver Sisters Eyesight Any Other Operation undergone 1)	Father	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Heart				•00
Sisters Eyesight Any Other Operation undergone 1)	Mother	<u> </u>		Kidney				
Any Other Operation undergone 1)	Brothers			Liver				
Operation 1) 2)	Sisters	. = -		Eyesight				= H
undergone	11.1							
		1)		undergone				
A second				- 8		7		
	Any other Ailment :		Are you on any other long term medication , if yes please specify :					
if yes please specify:								
2)	2)	1 2	* 11					
3) Have you ever had any congenital ailment that needs specific	3)	, - 1 fg,					specific	
4) medical attention/supervision?	4)	E 11 12 = = =	- x	medic	ai attent	ion/supervision?		
5)	5)	a III			r.			
	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					_ 1		
Candidate's Signature I hereby declare that the self-declaration made here is true to the best of my knowledge	110			andidate	's Signa	ture		