

ITC Infotech

Please affix a Passport size photo here.

Business-friendly Solutions

lTC lnfotech- CANDIDATE APPLICATION FORM

General Instructions.

• Please respond to each column completely and legibly in your own handwriting.

• Please v"wherever applicable

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|  |  |  |
| --- | --- | --- |
| PERSONAL DETAILS  NAME IN FULL  *(in block letters)* |  | |
| First Middle Surname | |
| PERMANENT ADDRESS  Tel. No. (Specify Area Code).............................................. Mobile No.......................................................................... | | ADDRESS FOR COMMUNICATION  D *Tick if* same as *Permanent Address*  Tel. No. (Specify Area Code)............................................... Emergency Contact Number: .............................................  E-mail: .......................................................................... |
| DATE OF BIRTH: PLACE OF BIRTH:  *(ddlmmiWYY)* .................................. AGE: ................. STATE ................................ COUNTRY................................ | | |
| NATIONALITY *I* CITIZENSHIP BLOOD GROUP: PERMANENT ACCOUNT NUMBER: | | |
| PASSPORT NUMBER : PASSPORT EXPIRY DATE *(ddlmmlww):* | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | EDUCATION COURSES |  |  | | | | | |
| LEVEL  NAME OF THE QUALIFICATION AWARDED | | | | XSTD | XII STDEI QUIV | GRADUATION | POST GRADUATION | OTHERS |
| BOARD *I* UNIVERSITY *I*  AFFILIATED INSTITUTE | | | |  |  |  |  |  |
| DATE ACQUIRED (dd/mm/yyyy) | | | |  |  |  | ' |  |
| AGGREGATE PERCENTAGE CGPAIGRADE | | | |  |  |  |  |  |

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Candidate Application Form

**(t{tliJ> "i "tt** SPECIALIZED CERTIFICATION COURSES (If Any)

**NAME OF THE COURSE INSTITUTE NAME DURATION GRADE *I* AGGREGATE**

**&LOCATION (ddlmm/yyyy) PERCENTAGE**

**WORK EXPERIENCE**

**ORGANIZATION** & **PERIOD (ddlmm/yyyy) DESIGNATION EMPLOYEE MAJOR REASON FOR ADDRESS** FROM TO ID **RESPONSIBILITIES SEPARATION**

**ADDED INFO**

Have you been interviewed in the Past in our Company? Yes: ........... No: ........... l

"

When: .................................... Position applied for: .............................................. Location :.............................................. Are you related to any director of lTC lnfotech? Yes: ........... No: ...........

Do you have any Friends *I* relatives working or who have worked with lTC lnfotech? Yes: ........... No: ...........

**REFERENCES**

PLEASE GIVE DETAILS OF 2 PROFESSIONAL REFERENCES

Name Organization & Address Position Telephone Relationship

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

*1. Photocopy of Appointment I Salary Slips I Resignation I Release Letters from Current* & *Previous Employers*

*2. Photocopy of Educational Certificates (Mark Sheet and Degree)*

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**Authorization *I* Declaration and Undertaking:**

Candidate Application Form

• Icertify 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 lTC lnfotech 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

• IAuthorize to contact my past employer and University for a Pre- employment Check. YESD NOD

**CANDIDATE DECLARATION FORM**

I, ................................................................................. 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 lTC lnfotech India Limited or its affiliates, or any relative/associate of any employees of lTC lnfotech or its affiliates in order to secure a job offer from lTC lnfotech 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 Ihave never been repatriated from abroad back to India at the expense of Government of India.

**DECLARATION**

Verified on ................................... (Date) at ....................................................... (Place) that the contents of the above mentioned declaration are true and correct and nothing material has been concealed

Signature: ....... ............................................... Date: .........................................

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Candidate Application Form

**lTC lnfotech Ltd**

Place:.................................................Date:..........................

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Pre-Employment Self Declaration form | | | |  |  | | Medical History | | | |  | | |
|  | | | | | |  | | |  | | | | | |
| Name : | | | | | | Sex: | | | D Single 0Married D Separated | | | | | |
| Date of Birth : | | | | | | Home Address : | | | | | | | | |
| Age: | | | | | |
| Have you ever had | | | | | | If YES, Year | No | | | Have you ever had | | | If YES, Year | No |
| Tonsils removed | | | | | |  |  | | | Fits or Convulsions | | |  |  |
| Appendix removed | | | | | |  |  | | | Loss of Memory | | |  |  |
| Other operations | | | | | |  |  | | | Loss of Consciousness | | |  |  |
| Typhoid | | | | | |  |  | | | Severe Injury | | |  |  |
| Malaria | | | | | |  |  | | | Been denied Employment for health reasons | | |  |  |
| Dysentry Amoebic: Baciliary: | | | | | |  |  | | | Drug Reaction | | |  |  |
| Pneumonia | | | | | |  |  | | | Any other illness or injuries | | |  |  |
| 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 | | | | 1) ................................... 2) ...................................  3) ................................... 4) ................................... | | | |
|  | |  |  |  | | |
| Any other Ailment : | | | | | | | Are you on any other long term medication •  if yes please specify : | | | | | | | |
| 1) | | | | | | |
| 2) | | | | | | |
| 3) | | | | | | | Have you ever had any congenital ailment that needs specific medical attention/supervision? | | | | | | | |
| 4) | | | | | | |
| 5) | | | | | | |
| '  .....................................................  Candidate's Signature | | | | | | | | | | | | | | |
| I hereby declare that the self-declaration made here is true to the best of my knowledge | | | | | | | | | | | | | | |

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