



(An ISO 9001 : 2008 Certify Company)

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PERSONAL - DATA FORM

NAME : (In Block Letters)		AFFIX PHOTOGRAPH			
PRESENT ADDRESS	PERMANENT ADDRESS				
Phone No. Off : Resi : Cell :					
RESIDING SINCE : ACCOMMODATION : OWN <input type="checkbox"/> RENTAL <input type="checkbox"/>					
DATE OF BIRTH : AGE : NATIVE PLACE :					
RELIGION : MOTHER TONGUE :		SCHOOL :			
CASTE : FORWARD <input type="checkbox"/> BACKWARD <input type="checkbox"/>		COLLEGE :			
MEDIUM OF EDUCATION IN					
FAMILY	NAME	AGE	OCCUPATION		
Father					
Mother					
Brothers/ Sisters					
Husband/ Wife					
Children					
ACADEMIC RECORD (Begin with High School)					
Examination Passed	Year of Passing	Name & Location of Institution	Subjects	University	% of Marks
General					
Professional					
TRAINING IN COMPUTERS AND OTHER SHORT TERM COURSES ATTENDED :					
Name of the Institution		From	To	Name of the Course	
WHAT ARE YOUR PLANS FOR FUTURE STUDY, IF ANY ?					
LANGUAGES KNOWN : INDICATE AS GOOD, FAIR, OR NIL					
LANGUAGES	ENGLISH	HINDI			
Speak					
Read					
Write					

PREVIOUS EMPLOYMENT

Consider your promotions as a different job and also include period of unemployment

Period From-To	Name & Address of the Organisation	Designation at the time of Joining	Designation at the time of Leaving	Reported to (Desgn.)	Salary per month	Other Benefits/ Perks	Reasons for change

PRESENT EMPLOYMENT

Name & Address of the Employer		Date of Joining :	
		No. of subordinates (If Any)	
		Manager	Supervisors
			Others
		Reporting to	
Designation at the time of joining		Name	
Present Designation		Designation	

SALARY DETAILS	Amount	PRESENT ORGANISATION CHART WITH JOB RESPONSIBILITIES & ACCOUNTABILITY (Draw a brief sketch indicating your position in relation to your department & overall organisation)
BASIC		
HRA		
OTHERS, IF ANY (Specify)		
PERKS (PF & OTHERS) IF ANY.		
TOTAL		

DO YOU HAVE A TWO WHEELER DRIVING LICENSE (YES / NO)	STATE YOUR EXTRA CURRICULAR ACTIVITIES IN SCHOOL / COLLEGE AND HOBBIES / SPECIAL INTERESTS.
LICENSE NO (IF YES) :	
DO YOU OWN A TWO WHEELER (YES / NO)	
INTRODUCER'S NAME : STATION :	

NAME OF YOUR RELATIVES IN OUR ORGANISATION ALONG WITH THEIR RELATIONSHIP WITH YOU :		
NAME	RELATIONSHIP	PLACE OF WORK

REFERENCES

(Give Names of Two persons, other than relatives, known to you for the last three years.)

Name	Occupation	Address	Nature of your Association

I declare that the particulars furnished by me to each of the foregoing are true and in case it is proved otherwise I shall be liable for dismissal.

PLACE

DATE

SIGNATURE

Enclosures : a) Attested / Xerox copies of your testimonials (Education & Service)

FOR OFFICE USE ONLY :