

MAXWELL LOGISTICS PRIVATE LIMITED

(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 :		MEDIUM OF EDUCATION IN		SCHOOL :
CASTE : FORWARD <input type="checkbox"/> BACKWARD <input type="checkbox"/>				COLLEGE :
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					

P R E V I O U S E M P L O Y M E N T

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

P R E S E N T E M P L O Y M E N T

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)
LICENSE NO (IF YES) : _____
DO YOU OWN A TWO WHEELER (YES / NO) : _____

STATE YOUR EXTRA CURRICULAR ACTIVITIES IN SCHOOL / COLLEGE AND HOBBIES / SPECIAL INTERESTS.

INTRODUCER'S NAME : _____
STATION : _____

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

NAME	RELATIONSHIP	PLACE OF WORK

R E F E R E N C E S

(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 :