

Trainee Application Form (Technical Trainee)

(To be filled by the applicant in his/her own handwriting clearly and completely)

> Please affix your recent passport size graph

College/Institute & City	:	color photo
		here
Current Course & Specialization	:	(Mandato
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ory) Flexible to all LTI Development Center / Customer Site: Yes L. No ... **FULL NAME IN BLOCK LETTERS** Age (DD-MM-YYYY) Mr. / Ms. / Mrs. (SURNAME) Title (NAME) (MIDDLE NAME) Physical Challenges: Major illness / Nationality: State of Domicile: Marital Status: (If Any) operations so far: PERSONAL DETAILS Languages Known: Any Outstanding Academic/Extra-curricular Achievements: Strong Technical Subjects: (Eg: Technical Certifications (if any): Details of Projects Undertaken Work Experience (if any) Java, DBMS etc.) Eg: OCJP, etc. (In brief): Organization details, from and to date: Family Background: Relationship Organization Name Age Occupation (Please give full details of family members including parents, spouse, siblings and other dependents) Qualification Total No. of Specialization Institute Name University/ Month and Year **Fulltime Course** % or CGPA **Board** of Passing (Yes/No) ATKT/ Backlogs SSC/X NA NA **EDUCATIONAL DETAILS** HSC/XII Diploma Graduation Current course details (Semester-wise): BE/BTech/MCA/BSc/BCA Aggregate Percentage in the current course Academic Year Year/Semester No. of ATKT/ % of marks Year/Semester No. of ATKT/ % of marks Total No. of Backlogs Backlogs Backlogs (Dead and live) throughout Diploma+Graduation+ 1st 5th Post Graduation: 6th 2nd 7th 3rd 8th HAVE YOU EVER BEEN INVOLVED IN ANY CRIMINAL PROCEEDINGS / CONVICTED OF ANY OFFENCE? IF YES, GIVE DETAILS CRIMINA RECORD DECLARATION UNDER SECTION 314 OF COMPANIES ACT, AS AMENDED IN 1974 (Tick whichever is applicable) I hereby declare that I am not connected with any of the Directors of the Company as his partner or his relative as defined under section 6 of the DECLARATION I hereby declare that I am a partner or relative of....... a Director of the Company as....... RELATIVES / ACQUAINTANCE IN L&T GROUP OF COMPANIES COMPANY & TELEPHONE NOS. NAME RELATIONSHIP I declare that the information given above is true to the best of my knowledge and I understand that any false information, misrepresentation or omission of facts called for in this application, or other company records may result in my immediate dismissal without notice even if subsequently employed. I authorize the company to do any kind of background verification of my education, experience or references. Place:<u>.....</u> Signature: