

RR ISPAT

Plant Location

Ref. _____

Affix Recent Passport
Size Photograph

PERSONAL PARTICULARS FORM

NAME: _____

POST APPLIED FOR _____

- * Please complete in your own handwriting.
- * Please answer all questions completely. If necessary, attach a separate sheet for any additional information which may be relevant.
- * Please do not enclose any certificates or other documents; enclosures cannot be returned.

PERSONAL PARTICULARS

First Name Middle Name Surname

FULL NAME

PRESENT ADDRESS _____

PHONE (Residence) _____ MOBILE _____

EMAIL _____

PERMANENT ADDRESS: _____

_____ PHONE: (Residence) _____

EMERGENCY ADDRESS: _____

PHONE No.: _____

FATHER 'S NAME / HUSBAND NAME _____

ADDRESS _____

OCCUPATION _____

(If employed, give designation and official address/if deceased, give last occupation)

DATE OF BIRTH _____ AGE _____

PLACE OF BIRTH _____ PLACE OF ORIGIN _____

MARITAL STATUS: _____

HEIGHT _____ WEIGHT _____ KGs. _____

FAMILY:

	Name	Date of Birth	Occupation
Spouse			
Sons			
Daughters			

DEPENDENTS (excluding wife & children)

Relationship	Date of Birth	Reason of Dependency

SOURCE / AMOUNT OF ANY OTHER INCOME:

IF YOU HAVE BEEN INVOLVED IN ANY COURT PROCEEDINGS, GIVE PARTICULARS:

LIST PROLONGED OR SERIOUS ILLNESS, IF ANY _____

PHYSICAL DISABILITY, IF ANY _____

QUALIFICATIONS

EDUCATIONAL HISTORY (high school onwards: indicate gaps, if any, clearly):

Name/address of institute	University	Year		Degree/exam	Main Subjects	Div	Marks %
		Entering	Leaving				

LANGUAGES KNOWN (mentions the languages and check off applicable columns):

Languages	Speak	Read	Write

EXTRA-CURRICULAR ACTIVITIES:

(Include names of any organizations; you may be a member of)

LITERARY / CULTURAL / ARTS _____

SOCIAL _____

HOBBIES & INTERESTS _____

PAST EMPLOYMENT (exclude your present employment)

S.No.	Employers Name & Address	Designation	Employed		Salary drawn		Reason for Leaving
			From	To	On Joining	On Leaving	

DESIGNATION / SCOPE OF RESPONSIBILITIES IN THE LAST THREE EMPLOYMENTS

		Supervisor's name /designation
1.		
2.		
3.		

PRESENT EMPLOYMENT

NAME & ADDRESS OF PRESENT EMPLOYER:

DATE OF APPOINTMENT:

DESIGNATION ON JOINING:

PRESENT DESIGNATION:

PROMOTIONS, IF, ANY, IN YOUR PRESENT EMPLOYMENT

Promotion From	Promotion As	Date of Promotion

PRESENT POSITION IN ORGANISATION HIERARCHY:

DETAILED SCOPE OF RESPONSIBILITIES (in the present position):

PLEASE GIVE DETAILS OF WHAT YOU CONSIDER ARE THE IMPORTANT ASPECTS OF YOUR TOTAL WORKING EXPERIENCE, TO DATE:

What is your reason for seeking a new appointment?	
Have you appeared for test/interview earlier with us? If so, for what reason?	
Does your present employer know of this application?	
Are you related to any of the Director(s) of our Company? If so, specify relationship and the name of Director(s) to whom related?	
If selected, how much notice would you require to join?	
In the event of this application being unsuccessful may we retain your name in our confidential file?	

PROFESSIONAL TRAINING COURSES ATTENDED
(excluding seminars / short workshops of 1-2 days)

Subject	Duration Of Course

ANY ADDITIONAL INFORMATION YOU CONSIDER RELEVANT.

DETAILS OF PRESENT EMOLUMENTS:

PARTICULARS	As on Amount (Rs. P.M.)	Remarks (If any)	
REMUNERATION	<ul style="list-style-type: none">▪ Salary▪ DA▪ Personal pay▪ Special allowance▪ Any other <hr/>		
RESIDENCE	<ul style="list-style-type: none">▪ Free furnished▪ Rent Subsidy/Allowance▪ Rent (if any) paid for present residence▪ Do you own a house?▪ Telephone▪ Furnishing<ul style="list-style-type: none">☞ Soft☞ Hard		
CONVEYANCE	<ul style="list-style-type: none">▪ Company Car▪ Conveyance Allowance/ Subsidy▪ Do you own a vehicle? If so, what?▪ Vehicle maintenance▪ Driver		
OTHER PERQUISITES	<ul style="list-style-type: none">▪ Entertainment▪ Servant / Guard▪ Gas / Water/Electricity▪ News paper / Magazine▪ Any other ---		
RETIREMENT BENEFIT	<ul style="list-style-type: none">▪ Contributory P.F.▪ Gratuity▪ Pension		
OTHER	<ul style="list-style-type: none">▪ Medical Subsidy▪ LTA▪ Bonus▪ Loans ------▪ Any other		
TOTAL COST TO COMPANY			
ANY OTHER PART OF REMUNERATION THAT YOU MAY LIKE TO ELUCIDATE:			

REFERENCES (Referees will NOT be approached without your permission)

EMPLOYMENT

1. Name of referee Position Company name, address & Telephone Number.	
2. Name of referee Position Company name, address & Telephone Number.	

PERSONAL

1. Name of referee Position Company name, address & Telephone Number.	
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DECLARATION

I shall, if and when required, take up casual/ temporary / permanent duty in the discharge of company assignments any where in India or abroad.

I certify that the foregoing information is correct and complete to the best of my knowledge and belief and nothing has been concealed. I am not aware of any circumstances which might impair my fitness for employment. If at any time I am found to have concealed any material information or given any false details, my appointment shall be liable to summary termination without or compensation.

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Date Place Signature of Applicant

FOR OFFICE USE ONLY

	INTERVIEW BOARD
PRELIMINARY INTERVIEW NOTES	
DATE _____ SIGNATURES _____	
FINAL INTERVIEW NOTES	
DATE _____ SIGNATURES _____	

DECISION

DATE _____

SIGNATURES _____

ACTION TAKEN

DATE _____

SIGNATURES _____