

ANNAPOORNA AGENCIES PVT LTD

APPLICATION FOR EMPLOYMENT



Date of application: _____

Position applying for: _____

Applying through: _____
(Name of the source: Consultant/Employee Referral/Direct Applicant/Online)

Name: Mr. / Ms. / Mrs.: _____
First Name Middle Name Last Name

Father's / Husband's Name: _____
First Name Middle Name Last Name

Current Address: _____

Permanent Address: _____

Mobile No: _____ Email Address: _____

Phone (Res): _____ Date of Birth: _____ Age: _____

Passport: _____ Expiry Date: _____ PAN: _____

Aadhar/Voter ID: _____ Driving License No: _____

Work Experience: (start with current organisation)

| Date | | Name of Organisation | Position Held | Reason for Change |
|------|----|----------------------|---------------|-------------------|
| From | To | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Education Qualification & Certifications

| Qualification/ Certification | University/ Institution | Year of Passing | Percentage/ Class/ Grade |
|------------------------------|-------------------------|-----------------|--------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Professional Details (Family):

Father _____ Mother _____

Sibling (1) _____ Sibling (2) _____

Marital Status Single / Married Spouse _____

Children YES / NO No. of Children _____ Are you willing to travel for work? YES / NO

Please mention your interests/ hobbies? _____

FAMILY DETAILS

| | | | |
|-----------------|-------|----------------|-------|
| Father's Name: | _____ | Date of Birth: | _____ |
| Mother's Name: | _____ | Date of Birth: | _____ |
| Spouse's Name: | _____ | Date of Birth: | _____ |
| Child # 1 Name: | _____ | Date of Birth: | _____ |
| Child # 2 Name: | _____ | Date of Birth: | _____ |

Present Salary (Annual CTC): _____ Monthly (Gross): _____ Variable Pay: _____

Expected Salary (Annual CTC): _____ Notice Period: _____

Professional References: (Must be of people reporting to, with **one** reference from the current organisation)

| Name | Designation | Organisation | Telephone/Mobile | Official Email ID |
|------|-------------|--------------|------------------|-------------------|
| | | | | |
| | | | | |
| | | | | |

Do you consent to us contacting your present or past employer/s for the purpose of checking your references? **YES / NO**

Have you ever been considered for employment at AA Pvt Ltd or group companies? Y.....

If yes Position Applied for Met with

Do you know any employee of AA Pvt Ltd?

DECLARATION

I hereby certify that the information provided above is true to the best of my knowledge and if in case any information as above is found to be false or incorrect or suppressed at any stage, I understand that I am liable to be terminated from the services of Indian Institute of Learning and Development (IILD) without notice & salary in lieu thereof, forthwith without prejudice to any other legal and disciplinary action as deemed fit by the Management, for which I shall solely be responsible.

Name of Applicant

Signature of Applicant

| For Office Use Only | | | | |
|---------------------|----------------------|------------------------------|---------------------|----------------------|
| Joining Date | Designation | Department | Employee ID | Grade |
| | | | | |
| CTC | Annual Variables | PF - Yes / No If yes, PF No. | ESIC - Yes / No | Location |
| | | | | |
| Resume received | Interview Assessment | Documents Received | Offer Letter Issued | Appnt. Letter Issued |
| YES/ NO | YES/ NO | YES/ NO | YES/ NO | YES/ NO |

Remarks: _____

Name of HR officer

Signature of HR officer

Date