

Dear Applicant, as part of the enrollment process, you are required to fill this form. All fields are **COMPULSORY**. All data is **CONFIDENTIAL** and shared only with people who have access to your records.

**Personal Data**

| Personal Details               |   |               |   |   |                 |   |   |                 |   |       |               |  |  |  |  |
|--------------------------------|---|---------------|---|---|-----------------|---|---|-----------------|---|-------|---------------|--|--|--|--|
| Name of the Applicant: Surname |   |               |   |   | Middle Initials |   |   |                 |   | First |               |  |  |  |  |
|                                |   |               |   |   |                 |   |   |                 |   |       |               |  |  |  |  |
| Gender                         |   | Date of Birth |   |   |                 |   |   | PAN CARD NUMBER |   |       | Father's Name |  |  |  |  |
| M                              | F | D             | D | M | M               | Y | Y | Y               | Y |       |               |  |  |  |  |
| Contact Numbers:               |   | Mobile:       |   |   |                 |   |   |                 |   |       |               |  |  |  |  |
|                                |   | Landline:     |   |   |                 |   |   |                 |   |       |               |  |  |  |  |

**ADDRESS DATA:** Please provide complete details of the address you are currently staying at:

| State | Complete Current Address                                          | Pin Code | Duration of Stay |
|-------|-------------------------------------------------------------------|----------|------------------|
|       |                                                                   |          | From:<br>/ /     |
|       | Please Tick - Owned / Rented / PG / Relative / Government Housing |          | To:<br>/ /       |

| State | Complete Permanent Address                                        | Pin Code | Duration of Stay |
|-------|-------------------------------------------------------------------|----------|------------------|
|       |                                                                   |          | From:<br>/ /     |
|       | Please Tick - Owned / Rented / PG / Relative / Government Housing |          | To:<br>/ /       |

**EMPLOYMENT DATA:** Please provide complete details of your last 2 employments. Include your current employment details, if still working. Fill in details for the most recent employment first:

|                                                         |                                            |                     |
|---------------------------------------------------------|--------------------------------------------|---------------------|
| Organization Name:                                      | Designation:                               | E-Code:             |
| Office Address:                                         | Dates of Employment:<br>From:/ /<br>To:/ / | Reason for Leaving: |
| Reporting Supervisor Name & Contact Number(s):<br>..... |                                            |                     |
| HR Name, Contact Number(s) & Email Address:             |                                            |                     |

|                                                         |                                            |                     |
|---------------------------------------------------------|--------------------------------------------|---------------------|
| Organization Name:                                      | Designation:                               | E-Code:             |
| Office Address:                                         | Dates of Employment:<br>From:/ /<br>To:/ / | Reason for Leaving: |
| Reporting Supervisor Name & Contact Number(s):<br>..... |                                            |                     |
| HR Name, Contact Number(s) & Email Address:             |                                            |                     |

**COLLEGE EDUCATION DATA:** Please provide details of your highest degree:

|                                                                   |  |                                               |  |
|-------------------------------------------------------------------|--|-----------------------------------------------|--|
| <b>University:</b>                                                |  | Please Tick: <b>(Regular/ Correspondence)</b> |  |
| <b>Institute</b><br>Name, Address, City                           |  | <b>Roll No / Registration No:</b>             |  |
| <b>Name of Degree / Diploma</b><br>(Also indicate specialization) |  | <b>Year of Passing</b>                        |  |

**REFERENCE DATA:** Please provide details of any TWO professional references

|                    |                |                    |                |
|--------------------|----------------|--------------------|----------------|
| <b>REFERENCE 1</b> |                | <b>REFERENCE 2</b> |                |
| <b>NAME:</b>       | <b>MOBILE:</b> | <b>NAME:</b>       | <b>MOBILE:</b> |
| <b>RELATION:</b>   | <b>EMAIL :</b> | <b>RELATION:</b>   | <b>EMAIL :</b> |

**Information Release Authorization**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| <p>I certify that the statements made in this application are valid and complete to the best of my knowledge. I understand that false or misleading information may result in rescission of offer of employment or termination of employment.</p> <p>I hereby authorize <b>Cub Solutions &amp; Services</b> and/or any of its subsidiaries or associates, and any persons or organization acting on its behalf to verify the information presented on this application form and to procure an investigation report or consumer report for that purpose.</p> <p>I hereby grant authority for the bearer to access, or to be provided with full details of my previous record. In addition, please provide any other pertinent information requested by the individual presenting this authority letter.</p> <p>I hereby release from liability any persons or entities requesting or supplying such information. I authorize <b>Cub Solutions &amp; Services</b> to contact my present and past employer(s).</p> <p>I authorize <b>Cub Solutions &amp; Services</b> to gain access to my education records. I have read, understand, and by my signature consent to these statements.</p> |        |
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date:  |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Place: |