

Employee Detailed Information form

To be filled by the applicant in his/her own handwriting in CAPITAL LETTERS																														
Post Applied					Functional Area							Locations :																		
PERSONAL DATA																														
Name :																							PHOTOGRAPH							
Father's Name / Husband's	Nam	ne			I									L		- 1			 				- 1			(Please affix a recent passport size photograph)				
Place Of Birth			•	District								Ν	Nativ	ve Sta	ate						,									
	D	ay	Мо	nth	Y	Year					Gender			Ма	Marital Status Date				ate O	f Ma	rriage	е	R	eligio	n	Nationality				
Date Of Birth							Age (Yrs) M/F						rital Status Date Of Marriage R																	
Languages Kno	Languages Known						R W S			Languages					R W			s	S Languages				R	W	S					
				1							3										5									
Note: Underline the Mother tongue: (R-Read / W - Write / S - Speak) Height: Cms Weight: Kgs Identification mark								arks	:																					
Physical Disability														Blood	Grou	up														
FAMILY MEMBERS : (If ma	arried	then	par	ents,s	pouse	and	childre	n a	nd if no	t marrie	ed the	en par					sister	s)												
Name D.O.B.						Age Relatio					onship G					ation				Occ	cupa	atior	1		Whe	ther Re	esiding with you			
ADDRESS .																			ļ											
ADDRESS: PRESENT (For Communication) PERMANENT:									:																					
State : Pin Code : E-Mail :	Ph. (Mob		STE) Code	e)										Р	State Pin (Code :	:		Ph. (' Mob	Nith∶ ile :	STE) Co	de)						
NAME OF THE CONTACT	PER	SON	,ADI	DRES	S AND	REL	OITA	NSF	HIP IN (CASE C)F EN	/IERG	ENC	CY:																
State :																														
Pin Code ·							h No	(۸	/ith STI	Code	١٠																			

Mobile:

EDUCATIONAL QUALIFICATIONS :													
Qualifications	ns Main Subjects				F/P/C		ations	University/Ir	nstitution / Bo	oard Class		Year of Passin	
		•				From	То	1		Ma Ma	rks		
SSC													
HSC													
	P:Part Time						nce Educ	ation					
WORK EXPERIENCE (In Unbroken Chro	onological Ord	ler) Attach ac ation	lditional s	sheets,	if require	d :			Annu	al CTC			
Name of the Employer / Address / Tele. No.	From	То		Position He At Joining At		ing	Nature of	Business		At Leaving	1	Reasons for Leaving	
Start from the Present Employment													
1													
Start from the Present Employment 2													
Start from the Present Employment													
3													
TOTAL YEARS OF EXPERIENCE (
Please specify the reason,if there is a ga	l p during the al	l bove tenure :											
PRESENT EMPLOYMENT													
Nature of Business / Industry :													
No. of Employees :													
Annual Turnover :													

DETAILS OF PRESENT EMOLUMENTS

KEY JOB RESPONSIBILITIES & SIGNIFICANT ACHIEVEMENTS:

A. Monthly Salary	Amount (Rs.) P.M. B						B. Annual Benefits										Amount (Rs.) P.A.								
1. Basic Pay	1. Bo							Bonus / Exgratia									56 (1.05) 1 7 1								
Dearness Allowance House Rent Allowance						2. Me 3. LT							edical Reimbursement A												
4. Grade Allowance																									
5. Conveyance Allowance6. Special Pay / Allowance										Ot	hers	(Plea	se Spe	ecify)											
7. Educational Allowance										a)) Perf		nce ba		ncenti	e e									
8. Personal Pay Others (Please Specify)										b)															
Total TRAINING PROGRAMMES UNDER	BCONE									d))								L						
Programmes	KGUNE	• .			Durati	ion	(Da	avs)		Year				Ins	titute /	Organ	izatio	<u> </u>		Place					
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1																									
2	1 1			1			1	_					1	1	1						<u> </u>	1	1		
							<u> </u>														<u> </u>				
SELF EVALUTIONS :																									
) O()							What	accor	ding to	o you,															
a) Strength and areas for improven	nents :										b) Ami	bition a	ind ca	areer P	lans :									
AWARDS / HONOURS / SCHOLAF	RSHIPS,	RECE	IVED	:																					
HOBBIES AND INTERESTS (include	HOBBIES AND INTERESTS (including Extra Curricular Activities , if any) :																								
PASSPORT DETAILS:																									
Passport No.	Nan	ne as i	in Pas	sport			sion as ioned	i	Dat	te of Is	sue		Place	e of Is	sue		Val	id Up	oto		(Countri	es Travelled	i	
DAN CARD DETAIL C	I																								
PAN CARD DETAILS																									
ANY ADDITIONAL INFORMATION	l:																								
Have you ever been interviewed by	us?															YES					I	NO			
Have you ever been employed by u	ıs ? If ye	es, Per	iod Fr	om :				To	o :																
Is any of your relative working with					ncerns	?										YES				\neg		NO			
le drif or your rolative tronting than		u,				•			N	lame :															
(If Yes)									_	Design	ation														
									vork D	etails		•													
Who Refered you to us?						Pla	acemen Nev	nt Age ws Pa																	
								Any O																	
Have you ever been involved in any criminal proceedings : If yes,please provide details :																									
SALARY EXPECTATIONS:																									
Notice Period with the Present Any Contract or Bond with the Present								Tim	e Regi	uired to	ioin														
Salary Expected Rs. CTC (P.A)				Em	ploye	er					E	mploy	er								an ou to				
REFERENCES: Please give the name and address	of two p	person	ıs ,one	of whi	ch mus	t app	oly to yo	our tr	ade o	r prof	essic	n ,w	ho can	ı be											
referred to for your suitability for	the pos	sition.	Refere	ences	should	not b	e eithe	er rela	ated to	you	or be	any	of you	ır											
close personal family / friends . (p	prererat	bly pre	evious	repor	ting aut	inorii	ty or pe	erson	two ie	eveis	abov	e you	<u>1)</u>												
Name : Occupation :										lame : Occupa															
Address :		ı	, .	ı				ı		ddres			1			ı		i					•		
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Sate: Phone No	:								s	Sate :				Pho	ne No										
Pin Code : Mobile No				1	 		1	1		in Co	de:	1			ile No		, ,		-1						
	++		+				+	-			-	-		\vdash	-	+	+		+	-	\vdash	1			

DECLARATION:																	
			y knowledge and belief,true and correct and nothing has been concealed. If I am at any time found to ent shall be liable for termination without notice or compensation.														
Place :	Date :	Signature of Ap	Signature of Applicant														
CHECK LIST :			All the columns filled in														
			Passport Size Photograph pasted														
			Signature & Date														
Note:	PLEASE DO	NOT ATTACH ANY ORIGINAL CE	ERTIFICATES OR TESTIMONIALS.														
	Please do not leave any column blank and ensure the form is completed in all respects.																
	Please do no	ot use Photocopy of Application Forn	rm,use only the printed form and soft copy is acceptable.														
Please attach additional sheets, if required for the previous experience.																	