

POST APPLIED FOR:						PLEASE AFFIX YOUR RECENT PASSPORT SIZE PHOTOGRAPH			
FULL NAME IN BLOCK LETTERS									
(LAST)		(FIRST)		(MIDDLE)					
PRESENT HOME MAILING ADDRESS:									
				PIN CODE					
TELEPHONE (With Code)				CELL:					
E-MAIL :								BIRTH DATE [DD/MM/YYYY]	
PERMANENT HOME MAILING ADDRESS:									
						AGE (YRS)			
				PIN CODE		BIRTH PLACE			
TELEPHONE (With Code)				CELL:					
GENDER	MARITAL STATUS	MARRIAGE DATE (If Married)	NATIVE STATE	RELIGION	NATIONALITY	STATE OF DOMICILE			
CASTE	<input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> DT <input type="checkbox"/> NT <input type="checkbox"/> SBC <input type="checkbox"/> OBC <input type="checkbox"/> GEN.CAT						[Other than GEN.CAT please arrange to produce Caste Certificate]		
LANGUAGES KNOWN (Including Foreign)		SPEAK	READ	WRITE	PASSPORT NO.				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PAN NO				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AADHAR CARD NO				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UAN NO				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EPF NO				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EPS NO				
DETAILS OF FAMILY MEMBERS (parents, spouse, children, siblings & any other dependents excluding self)									
NAME		RELATIONSHIP	DATE OF BIRTH	QUALIFICATION	OCCUPATION	ORGANIZATION AND POSITION			
		Father							
		Mother							
EMERGENCY CONTACT DETAILS		NAME							
ADDRESS									
RELATION					TELEPHONE NO.				
HEIGHT (cms)	WEIGHT (kg)	BLOOD GROUP	EYESIGHT [SPECIFY POWER IF WEARING GLASSES/LENSES]			PHYSICAL DISABILITY (IF ANY)			
			Right		Left				
IDENTIFICATION MARKS									

EDUCATION									
EXAMINATION PASSED		SPECIALISATION	SCHOOL / COLLEGE / INSTITUTION	UNIVERSITY / BOARD	WHETHER FULLTIME / PARTTIME / CORRES.	DURATION OF COURSE (Yrs & Mths)	MONTH & YEAR OF PASSING	GRADE % MARKS	DISTINCTIONS / SCHOLARSHIPS / PRIZES WON
SSC OR Equivalent School leaving Certificate									
Intermediate or 12th standard / HSC									
DIPLOMA									
DEGREE (S)									
POST-GRAD. DEGREE / DIP. CERTIFICATE									
MEMBERSHIP OF PROFESSIONAL INSTITUTE									
NAME OF INSTITUTE			TYPE OF MEMBERSHIP AND POSITION HELD		DURATION OF MEMBERSHIP				
					PERIOD	FROM	TO		
TRAINING / CERTIFICATIONS									
NAME OF THE TRAINING COURSE			DURATION	YEAR	INSTITUTE / ORGANISATION		WHETHER CERTIFICATE AWARDED		
PAPERS PUBLISHED / PRESENTED									
TITLE				NAME & DATE OF THE SEMINAR / JOURNAL IN WHICH PRESENTED / PUBLISHED					
EXTRA CURRICULAR ACTIVITY (E.G. Sports, Social & Literary activities etc.)									
ACTIVITY		INSTITUTION/ASSOCIATION/SOCIETY/CLUB			YEAR	POSITION HELD		PRIZES WON	
SKILLS SUMMARY									
(Give brief details for the projects you have worked on)									
PROJECT TITLE		ROLE			TEAM SIZE	DURATION	LANGUAGE / PLATFORM / OS		

WORK EXPERIENCE							
In unbroken chronological order starting from your present employment and ending with first employment (Please account for all the periods of time not covered by education / training) [Please attach extra sheet if required]							
EMPLOYER'S NAME & ADDRESS	DURATION PERIOD(Yrs.)	LAST POSITION HELD DESIGNATION		NATURE OF DUTIES			
	FROM	NAME & DESIGNATION OF IMMEDIATE SUPERIOR					
	TO						
	GROSS EMOLUMENTS Rs. Per month	AT THE TIME OF JOINING				LAST DRAWN	
	Details of Current Emoluments	BASIC (P.M.)	FIXED (P.A.)			VARIABLE (P.A.)	GROSS (P.A.)
EMPLOYER'S NAME & ADDRESS	DURATION PERIOD(Yrs.)	LAST POSITION HELD DESIGNATION		NATURE OF DUTIES			
	FROM	NAME & DESIGNATION OF IMMEDIATE SUPERIOR					
	TO						
	GROSS EMOLUMENTS Rs. Per month	AT THE TIME OF JOINING				LAST DRAWN	
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	FROM	NAME & DESIGNATION OF IMMEDIATE SUPERIOR					
	TO						
	GROSS EMOLUMENTS Rs. Per month	AT THE TIME OF JOINING				LAST DRAWN	
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	FROM	NAME & DESIGNATION OF IMMEDIATE SUPERIOR					
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	GROSS EMOLUMENTS Rs. Per month	AT THE TIME OF JOINING				LAST DRAWN	
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	FROM	NAME & DESIGNATION OF IMMEDIATE SUPERIOR					
	TO						
	GROSS EMOLUMENTS Rs. Per month	AT THE TIME OF JOINING				LAST DRAWN	

DETAILS OF CURRENT EMOLUMENTS						
S.L. No.	PARTICULARS		EMOLUMENTS			
			MONTHLY (Rs. / Month)			
			YEARLY(Rs./ Year)	PRESENT	EXPECTED	PROPOSED (To be filled by HR)
1	MONTHLY EMOLUMENTS	BASIC				
2		HRA				
3		CONVEYANCE ALLOWANCE				
4		EDUCATION ALLOWANCE				
5		ANY OTHER (Please Specify)				
6						
7						
8						
9		SUB TOTAL				
10	ANNUAL BENEFITS	PERFORMANCE LINKED INCENTIVE				
11		BONUS				
12		LTA				
13		ANY OTHER				
14		SUB TOTAL				
15	RETIREMENT BENEFITS	PROVIDENT FUND				
16		SUPERANNUATION				
17		GRATUITY				
18		SUBTOTAL				
19		GRAND TOTAL				
20	MEDICAL REIMBURSEMENT LIMIT	1) HOSPITALISATION				
		2) DOMICILIARY				
		3) ANY OTHER (Specify)				
21	OTHER PERQUISITES					
22						

DRAW IN BRIEF THE ORGANISATION STRUCTURE OF THE COMPANY WHERE YOU ARE PRESENTLY EMPLOYED INDICATING TWO LEVELS ABOVE AND ONE LEVEL BELOW YOUR POSITION (PLEASE ALSO INDICATE THE TOTAL NUMBER OF PERSONS UNDER YOU)

WHAT ARE YOUR SIGNIFICANT ACHIEVEMENTS AND EXPLAIN WHY YOU CONSIDER YOURSELF SUITED FOR THE POSITION :

HAVE YOU EVER BEEN INTERVIEWED BY ANY OF THE L&T GROUP OF COMPANIES?						
YES	NO	If Yes, give details	DATE/YEAR	POSITION	COMPANY	
<input type="checkbox"/>	<input type="checkbox"/>					
RELATIVES / ACQUAINTANCE IN L&T GROUP OF COMPANIES						
NAME			RELATIONSHIP	POSITION	COMPANY & TELEPHONE NOS.	

GENERAL DATA																
	HOW DID YOU COME TO KNOW OF THIS POSITION?															
	ARE YOU ENGAGED IN ANY PERSONAL BUSINESS ?								if YES, indicate nature of business							
	YES		<input type="checkbox"/>		NO		<input type="checkbox"/>									
	DO YOU HAVE ANY CONTRACT / BOND WITH YOUR PRESENT EMPLOYER?								if YES, Give Details							
	YES		<input type="checkbox"/>		NO		<input type="checkbox"/>									
	IF SELECTED, WHEN CAN YOU JOIN?															
	NAME, ADD., AND TEL Nos. OF TWO SUPERIORS FAMILIAR WITH YOUR WORK (NOT RELATIVES)															
	NAME				COMPANY & POSITION				TELEPHONE NOS.				E-MAIL ID			
CRIMINAL RECORD	HAVE YOU EVER BEEN INVOLVED IN ANY CRIMINAL PROCEEDINGS / CONVICTED OF ANY OFFENCE? IF YES, GIVE DETAILS															
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 Companies Act 1956														<input type="checkbox"/>		
OR																
I hereby declare that I am a partner or relative of _____ a Director of the Company														<input type="checkbox"/>		
as _____.																
I declare that the information given above is true to the best of my knowledge. I am aware that any false or incorrect information by me may result in termination of my service with the Company. I have no objection to your inquiring from any of my previous employers on any matters pertaining to me, if I join your Company.																
Declaration :Company will not disclose /divulge your personal information (either digital or print form) to third party without your consent except statutory, legal & business reasons / compulsions.																
PLACE						DATE						Applicant's Signature				