

Personal Information Sheet

ull Name of the						
Applicant Date of Birth			Email ID			
dd/mm/yy)			Mobile			
Residence Number			No			
Gender	Marita Status		Current CTC		Notice Period	
Communication Address				<u> </u>	-	-
Passport No		Natio	onality			OCI: Yes/No
l you apply at Intei w do you know abo	Vision, Hearing Impa rrt. earlier? (YES/Nout the Requiremental Employee Ref / Jo	10):	rrt? (Please ti	ck the options be	elow):	
		Intermed	liate/Diploma	BE/BTech		Post Graduation
Course	nnce:	Intermed	liate/Diploma	BE/BTech		Post Graduation
Course		Intermed	liate/Diploma	BE/BTech		Post Graduation
Course Academic %		Intermed	liate/Diploma	BE/BTech		Post Graduation
Course Academic % Specialization Institute Name		Intermed	liate/Diploma	BE/BTech		Post Graduation
Course Academic % Specialization Institute Name University		Intermed	liate/Diploma	BE/BTech		Post Graduation
ademic Performa Course Academic % Specialization Institute Name University Year Of Passing			liate/Diploma			Post Graduation
Course Academic % Specialization Institute Name University Year Of Passing	10 th Recent Companies		GATE PERCENTI	LE		Post Graduation



Technical Skill Set

Major Skills	Total experience	Mino

Minor Skills	Total experience

Professional References: (Who will substantiate your candidature?)

Particulars	Reference Details
Name and Designation	
Company Name	
Contact Details (Tel. No. & Email ID)	

Signature of the Candidate:	
signature of the candidate.	