

Please affix recent  
Photograph and sign  
Over it



## Employee Information

**IndoFast Digital Media**

**1<sup>st</sup> Floor, Near Bihar Pharmacy College, Gola Road, Bailey Road Patna (Bihar) 801503**

### APPLICANT INFORMATION :-

First Name		Middle Name		Last Name	
Father's Name		Middle Name		Last Name	
Birth Date		Age		Marital Status	Married <input type="checkbox"/> Unmarried <input type="checkbox"/>
				Anniversary Date	

### CORRESPONDENCE ADDRESS :-

House/Flat/Door/block no.		Name of premises/building/village	
Area/Locality/Taluka/Sub-division		Road/street/lane/post office	
Town/city/district		State/union territory	ZIP
Whatsapp No.		Mobile No.	Aadhar No.

### PERMANENT ADDRESS :-

House/Flat/Door/block no.		Name of premises/building/village	
Area/Locality/Taluka/Sub-division		Road/street/lane/post office	
Town/city/district		State/union territory	ZIP
Phone		Mobile No.	Mobile No.
E-mail Address		E-mail Address	
Blood Group		Nationality	
Religion		Total year of experience	Year's Month
Driving License No.		PAN Card No.	Passport No.
Are you a citizen of the India?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the india? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain	
Why do you desire a change from your present employment?			
Have you ever been interviewed by <b>INDOFAST</b> DIGITAL MEDIA. YES <input type="checkbox"/> NO <input type="checkbox"/>			
If YES, for which position and when			

Any relatives of yours is / was employed in **INDOFAST** DIGITAL MEDIA. YES ☐ NO ☐  
If YES, please give details

Languages known to speak and Write

#### EDUCATIONAL QUALIFICATION :-

Examination passed	Name of school/college	University	Passing year	% Of marks	Specialization
10 <sup>th</sup>					
12 <sup>th</sup>					
Graduation					
Post Graduation					

#### DETAILS OF ADDITIONAL QUALIFICATION :-

Examination passed	Name of school/college	University	Passing year	% Of marks	Specialization

#### DETAILS OF TRAINING COURSE ATTENDED :-

Course title	Institute/organization	Period		Faculty	Whether certificate was awarded
		From	To		

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REFERENCES :-			
<i>Please list two professional references.</i>			
Full Name		Relationship	
Company		Phone/Mobile No.	
Correspondence Address			
Mail id			
Full Name		Relationship	
Company		Phone/Mobile No.	
Correspondence Address			
Mail id			

REFERENCES :-			
<i>Please list two personal references.</i>			
Full Name		Relationship	
Occupation		Phone/Mobile No.	
Correspondence Address			
Full Name		Relationship	
Occupation		Phone/Mobile No.	
Correspondence Address			

PREVIOUS EMPLOYMENT :-							
Company				Phone			
Address				Supervisor			
Job Title			Starting CTC			Ending CTC	
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous employer for a reference check?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company				Phone			
Address				Supervisor			
Job Title			Starting CTC			Ending CTC	
Responsibilities							

From		To		Reason for Leaving			
May we contact your previous employer for a reference check?					YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company					Phone		
Address					Supervisor		
Job Title				Starting CTC			Ending CTC
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous employer for a reference check?					YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Company					Phone		
Address					Supervisor		
Job Title				Starting CTC			Ending CTC
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous employer for a reference check?					YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company					Phone		
Address					Supervisor		
Job Title				Starting CTC			Ending CTC
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous employer for a reference check?					YES <input type="checkbox"/>	NO <input type="checkbox"/>	

<b>OTHER INFORMATION :-</b>	
Name and telephone no of the person to be contacted in case of emergency:	
Hobbies and leisure activity:	
Any Achievements that you consider significant during Academic / Professional field: YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, Please specify	
Do you have any affiliation to any professional/ educational/political/ socio cultural organization? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes please give details:	

Are you engaged in any personal business? YES ☐ NO ☐

If yes, indicate nature of business:

Do you have contract/ bond with your present employer? YES ☐ NO ☐

If yes, please give details:

Were you involved in criminal activities/legal dispute? YES ☐ NO ☐

If yes, please give details:

Any history of chronic illnesses? YES ☐ NO ☐

If yes, please give details:

Any other information you may consider relevant to your application:

**DETAILS OF FAMILY MEMBERS :-**

1. Dependent family

Sr. No.	Family members (Name)	Relationship	Date of Birth
1	Father		
2	Mother		
3	Spouse		
4	Children 1		
5	Children 2		

**DISCLAIMER AND SIGNATURE :-**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Name & Signature of HR Head \_\_\_\_\_ Date \_\_\_\_\_