## **T&M Services Consulting Private Limited**

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**PHOTO** 

## **PERSONAL INFORMATION SHEET**

NAME (BLOCK LETTER) : \_\_\_\_\_

FATHER'S NAME :	OCCUPATION:						
HUSBAND NAME(Only for married female can	didate)						
MOTHER'S FULL NAME _ (Maiden Name i.e. Before M	arriage Name)						
DATE OF BIRTH:	MA	RTIAL STAT	US :	GENDER:			
CATEGORY: SC/ST/OBC/	MINORITY/GE	NRAL C	ASTE:				
RELLGION:		NAT	IONALITY: _				
PHYSICAL DISABILITY I	F ANY (GIVE D	ETAILS):					
PRESENT ADDRESS (BLO	CK LETTER) : _				<u></u>		
	STATE:COUNTRY:						
PIN CODE:	PHONE :						
E-Mail:	Mobile:						
PLACE OF BIRTH:							
DISTRICT	STATE/UTCOUNTRY						
PERMANENT ADDRESS:							
	STATE: COUNTRY						
EDUCATIONAL BACKGI				_			
NAME OF SCHOOL/ COLLEGE	UNIVERSITY	YEAR OF PASSING	DEGREE	SPECIALISATION	DIVISION/ % MARKS		

EMPLOYMENT RECORD

(DETAILS IN CHRONLOGICAL ORDER STARTING WITH PRESENT JOB)

FROM Date	TO Date	EMPLOYERS AND FULL ADDRESS	TOTAL GROSS(P.M)	DESIGNATION	REASONS FOR LEAVING		
TOTAL EXF	PERIENCE:	CERTIF	ICATIONS:				
REFERENCI	ΓΙΟΝAL SH Ε <b>:</b>	D: EETS IF REQUIRED) ns who are familiar with y		not related to you			
NAME		OCCUPATION	COMPANY	ADDRESS &	& TEL. NO.		
BLOOD GR	OUP:	NT NO. (PAN) : EMERGE UNT DETAILS:					
BANK NAMI	E		BR/ NAI	ANCH ME			
BANK A/C N			IFS0 COI				
Declaration  I shal abroa  I certiconce	ll, if and when id. ify that forego	led Blank cheque leaf required take to up duty i sing information is correct l. ge, I will intimate to you i	n the discharge of co	best of my knowledge			
SIGNATURE	OF APPLIC	ANT	DATE	PLAC	E		
FOR OFFIC	<u>E USE:</u>						
EMPLOYEE (	CODE:		DEPUTED CLIENT:				
DEPUTED LO	OCATION:		DEPUTED	) STATE:			