



EMPLOYMENT APPLICATION FORM

POST APPLIED FOR:						PLEASE AFFIX YOUR RECENT PASSPORT SIZE PHOTOGRAPH*		
PERSONAL DATA	FULL NAME IN BLOCK LETTERS							
	(LAST)*		(FIRST)*		(MIDDLE)			
	PRESENT HOME MAILING ADDRESS*:							
					PIN CODE*			
	TELEPHONE (With Code)				CELL:*			
	E-MAIL* :							
	PERMANENT HOME MAILING ADDRESS*:							
					AGE (YRS)*			
					BIRTH PLACE*			
	TELEPHONE (With Code)				CELL:			
	GENDER	MARITAL STATUS	MARRIAGE DATE (If Married)	NATIVE STATE*	RELIGION*	NATIONALITY*	STATE OF DOMICILE*	
CASTE	[Other than GEN.CAT please arrange to produce Caste Certificate]							
LANGUAGES KNOWN (Including Foreign)*		SPEAK	READ	WRITE	PASSPORT NO.*			
					PASSPORT ISSUE DATE*			
					VALID UPTO DATE*			
					COUNTRY OF ISSUE*			
					VALID VISA DETAILS*			
					PAN NUMBER*			

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.		
HEALTH DATA	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								
OWA								

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 (DD/MM/YY)*				
		NAME & DESIGNATION OF IMMEDIATE SUPERIOR			
	TO (DD/MM/YY)*				
GROSS EMOLUMENTS Rs. Per month Details of Current Emoluments		AT THE TIME OF JOINING		LAST DRAWN	
		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 (DD/MM/YY)*				
		NAME & DESIGNATION OF IMMEDIATE SUPERIOR			
	TO (DD/MM/YY)*				
	GROSS EMOLUMENTS Rs. Per month	AT THE TIME OF JOINING		LAST DRAWN	
EMPLOYER'S NAME & ADDRESS	DURATION PERIOD(Yrs.)	LAST POSITION HELD DESIGNATION		NATURE OF DUTIES	
	FROM (DD/MM/YY)*				
		NAME & DESIGNATION OF IMMEDIATE SUPERIOR			
	TO (DD/MM/YY)*				
	GROSS EMOLUMENTS Rs. Per month	AT THE TIME OF JOINING		LAST DRAWN	
EMPLOYER'S NAME & ADDRESS	DURATION PERIOD(Yrs.)	LAST POSITION HELD DESIGNATION		NATURE OF DUTIES	
	FROM (DD/MM/YY)*				
		NAME & DESIGNATION OF IMMEDIATE SUPERIOR			
	TO (DD/MM/YY)*				
	GROSS EMOLUMENTS Rs. Per month	AT THE TIME OF JOINING		LAST DRAWN	
EMPLOYER'S NAME & ADDRESS	DURATION PERIOD(Yrs.)	LAST POSITION HELD DESIGNATION		NATURE OF DUTIES	
	FROM (DD/MM/YY)*				
		NAME & DESIGNATION OF IMMEDIATE SUPERIOR			
	TO (DD/MM/YY)*				
	GROSS EMOLUMENTS Rs. Per month	AT THE TIME OF JOINING		LAST DRAWN	

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	FROM (DD/MM/YY)*				
		NAME & DESIGNATION OF IMMEDIATE SUPERIOR			
	TO (DD/MM/YY)*				
	GROSS EMOLUMENTS Rs. Per month	AT THE TIME OF JOINING		LAST DRAWN	

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		DATE/YEAR	POSITION	COMPANY
		If Yes, give details			
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	NO		
	DO YOU HAVE ANY CONTRACT / BOND WITH YOUR PRESENT EMPLOYER?		if YES, Give Details	
	YES	NO		
	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				
OR				
I hereby declare that I am a partner or relative of _____ a Director of the Company				
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.				
PLACE		DATE		Applicant's Signature