

Job Application Form

Photo (passport size) Post applied for: Applied for the job through: Gender: 1. Name (in full) 5. Passport No 2. Father's Name: 3. Place of Birth: 6. Nationality: 4. Date of Birth: Age: 7. Driving License No: 8. Present address 9.Permanent address Telephone No.: Telephone No.: No 🗌 Yes 10. Do you have any physical disabilities? If yes, kindly specify in detail Divorced *Married* Single ___ 11. Marital Status: 12. Family Details: Occupation Relationship Name Age Father 1 2 Mother 3 Spouse

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Children

| 5 | Others | | | | | | |
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| 13. Do you have | any relations | s employed in l | Michelin? | | _ | _ | |
| If 'Yes', give | details | | | yes | s Ll No | , Ц | |
| Name | Relat | ionship | Name | of Company | Person/Dept | | |
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| 15. Educational (| Qualification | (from College): | | | | | |
| College/Instit | | Exam | Year of | Main | Class / % of | | |
| & Location | on | Passed | Passing | Subjects | Marks o | obtained | |
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| 16. Brief particulars of project work in College/Institute: | | | | | | | |
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| 17. Awards and Recognition's obtained: | | | | | | | |
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| 40 Liet of entire | - (if) | link o di | | | | | |
| 18. List of articles (if any) published: | | | | | | | |
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| 19. Details of Special Training/Skills acquired & additional courses undergone: | | | | | | | |
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20. Extra Curricular Activities / Hobbies & Sports:

| | 21. Language Proficiency: (Underline Mother tongue) | | | | | | | |
|---|---|---------------------------------------|--------------|------------|----------|------|--------|-----|
| | Languages | | Speak | | Read | | Write | |
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| | 22. Areas of specia | alization (job Specific | c) : | | | | | |
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| | If yes please g | y or indirectly involve ive detail | ed in any Bi | isiness/Ag | ency? Ye | es L | □ No □ | |
| | | | | | | | | |
| | Name Of The | Designation | Period Fro | от-То | CTC | | Reason | For |
| | Company & Place Of Work | | | | | | Change | |
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Space for Any Additional information-If Any

| I confirm that all information given by me in this knowledge, I also agree to co-operate and fu background verification, and if any of the part company can terminate my services forthwith | ırnish all required details for a medical test a | and |
|---|--|-----|
| Place: | | |
| Date : | Signature (Name : | |
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