

# APPLICATION FORM



LATEST PASSPORT  
SIZE PHOTOGRAPH  
OF APPLICANT

NAME OF APPLICANT : \_\_\_\_\_  
POST APPLIED FOR : \_\_\_\_\_  
FUNCTIONAL AREA : \_\_\_\_\_  
PLACE / BRANCH : \_\_\_\_\_  
LOCATIONAL PREFERENCE : \_\_\_\_\_  
SALARY EXPECTED : \_\_\_\_\_

## **NOTE**

Before filling the form please read the following :

1. The Application form should be completed in the applicant's own handwriting in Block Letters and photocopies of supporting documents attached.
2. No portion of the form should be left incomplete. Wherever not applicable, please write "N.A."
3. Unless otherwise indicated, all references may be contacted by the company before or during employment.
4. Please tick on the  (boxes) for clarification.

# PERSONAL INFORMATION

Name : Mr./Ms./Mrs.  
(Block Letter)

First

Middle

Surname

Date of Birth

Place of Birth

Religion

Nationality

Male  Female

Sex

Marital Status :  Married  Unmarried  Divorced  Widow Maiden Surname \_\_\_\_\_

## FAMILY DETAILS

Relationship	Name	Dependent Yes/No	Age	Qualification	Earnings Per Year
Father					
Mother					
Husband/Spouse					
Children 1					
Children 2					
Children 3					
Other					

## ACCOMODATION DETAILS

	Current Address	Permanent Address
House No.		
Street		
City		
Pin Code		
State		
Country		
Accommodation	<input type="checkbox"/> Rental <input type="checkbox"/> Ownership	<input type="checkbox"/> Rental <input type="checkbox"/> Ownership
Since how long have you been residing there?	<input type="checkbox"/> 1 Yrs. <input type="checkbox"/> 3 Yrs. <input type="checkbox"/> 5 Yrs. or more	<input type="checkbox"/> 1 Yrs. <input type="checkbox"/> 3 Yrs. <input type="checkbox"/> 5 Yrs. or more

Tel. No. (R) \_\_\_\_\_ (O) \_\_\_\_\_  
Mobile \_\_\_\_\_ E-Mail : \_\_\_\_\_

## HEALTH INFORMATION

Glasses

Yes  No

Height (Cm) \_\_\_\_\_

Weight (Kgs.) \_\_\_\_\_

Blood Group \_\_\_\_\_

Handicap ? (Y/N) \_\_\_\_\_ Nature of Handicap \_\_\_\_\_

Colour of Eyes \_\_\_\_\_ Colour of Hair \_\_\_\_\_ Identification Mark \_\_\_\_\_

Family Doctor \_\_\_\_\_ Allergic To \_\_\_\_\_ Prolonged illness \_\_\_\_\_

Doctor Tel. No. \_\_\_\_\_

Name of the persons to be notified in emergency

	Contact 1	Contact 2
Name		
Premises		
Street		
City		
Pin Code		
Tel. No. 1		
Tel. No. 2		
Relative / Friend		

**Languages Known :**

Indicate as good, fair, poor or not at all starting with your mother tongue

Languages					
Read					
Write					
Speak					
Understand					

**EDUCATION / TRAINING DETAILS :**

Degree / Diploma Certificate	Year of Passing	Subject	Institution / University (Full Time / Part Time Correspondence)	% of Marks	Grade
S.S.C.					
Graduation					
Post Graduation					
Other					

MEDIUM OF INSTRUCTION a) In school \_\_\_\_\_ b) In college \_\_\_\_\_

Scholarships / Awards Received :

Research Papers/Publications (Use separate sheet if space is not sufficient)

Subject you like most :

What are your plans for future study/or your future development:

State your Extra Curricular activities in school / college :

State whether you have undergone any Training Courses / Program ? If Yes Give Details

Computer Knowledge :

Other Information :



**Current Employment Details or Last Employment Details (Incase Currently Unemployed)**

From Date

DD-MON-YYYY

To Date

DD-MON-YYYY

Company Name :

Business Area :

Address :

Street :

City :

Pin Code :

Tel./Fax :

Department :

Designation :

Reporting To :

Duties :

Reason for leaving :

**Emoluments****Monthly****Yearly**

Basic

DA

HRA

PF

LTA

Bonus

Medical

Any Other Allowance

/ Reimbursement

Retirement Benefits

PF

Super Annuation

Pension

Gratuity

Any Other

Total Compensation

Total Car Allowance

Telephone Allowance

Club Membership

Others

Gross Compensation

Loans / Advances

- Car :

- House :

- Personal :

- Others :

Performance Bonus / Incentives

Any other benefits / Perks :

**OTHER INFORMATION**

Driving Licence ?  Yes  No      Type of License  Two Wheeler  Four Wheeler  
 Licence Number : \_\_\_\_\_      Valid Upto : \_\_\_\_\_  
 Passport ?  Yes  No      If Yes Passport No. : \_\_\_\_\_  
 Valid Upto : \_\_\_\_\_  
 Registered with employment exchange ? Yes/No If yes, give Reg. No. : \_\_\_\_\_

What are your hobbies / Special Interests :

Name of relatives if any working with House of Patel's & their relationship with you.

Were you in our employment before ? If yes, Give details -

Professional Memberships if any -

**REFERENCES**

Give Names of two Persons, other than relatives. One of them should be the past employer.

Sr. No.	Name	Desg.	Co. Name	Address and Contact Nos.

Give Names of Two people from your Locality

Sr. No.	Name	Profession	Address and Contact Nos.

I hereby certify that the information given herein above is correct and true to the best of my knowledge. Should it prove untrue/incorrect at any time, my services will be liable for termination,

Date : \_\_\_\_\_      Signature of the Applicant