

APPLIED FOR _____ EXP SALARY _____

PERSONAL PARTICULARS

FULL NAME _____

FATHER'S NAME _____

PRESENT ADDRESS _____

_____ PIN CODE _____

MOBILE _____ TELE _____

PERMANENT ADDRESS _____

CITY _____ PIN CODE _____

DATE OF BIRTH _____ PLACE _____

MARITAL STATUS SINGLE MARRIED DIVORCED SEPERATED

NEXT OF KIN (Parents / Siblings / Children) :

Relation

NAME _____ TELE NO. _____

NAME _____ TELE NO. _____

NAME _____ TELE NO. _____

IDENTIFICATION MARKS _____

STATE OF HEALTH _____

Have you been treated as a hospital in patient at any time in the last 3 years. If so, give details

Are you receiving any medical treatment,

Details _____

LANGUAGES	<u>SPEAK</u>	<u>READ</u>	<u>WRITE</u>
TELUGU	YES/NO	YES/NO	YES/NO
HINDI	YES/NO	YES/NO	YES/NO
ENGLISH	YES/NO	YES/NO	YES/NO

OTHER LANGUAGES _____

FOREIGN LANGUAGES _____

EDUCATIONAL QUALIFICATIONS

	Edu. Institutes	Qualification	From	To	Percentage
SCHOOL (10th)					
INTER (11th / 12th)					
COLLEGE					
P GRADUATION					
TECHNICAL					
OTHERS					

EMPLOYMENT HISTORY (Last 3 Jobs)

Total years of Experience _____

FROM _____ TO _____ POSITION _____
 COMPANY _____ RESPONSIBILITY _____
 CITY _____
 REASON FOR LEAVING _____
 SALARY PACKAGE _____

FROM _____ TO _____ POSITION _____
 COMPANY _____ RESPONSIBILITY _____
 CITY _____
 REASON FOR LEAVING _____
 SALARY PACKAGE _____

FROM _____ TO _____ POSITION _____
 COMPANY _____ RESPONSIBILITY _____
 CITY _____
 REASON FOR LEAVING _____
 SALARY PACKAGE _____

REFERENCES (Reference of two elderly persons of your locally)

1. NAME _____
 RELATIONSHIP _____
 ADDRESS _____

2. NAME _____
 RELATIONSHIP _____
 ADDRESS _____

Ph/Mobile _____

Ph/Mobile _____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

DATE _____

NAME _____

SIGNATURE _____