

Post Applied For _____ Expected salary: _____

A) PERSONAL PARTICULARS:

1. FULL NAME: _____

2. FATHER NAME: _____

3. ADDRESS: _____

_____ PINCODE _____ TELE _____

PERMANENT ADDRESS: _____

_____ PIN CODE _____ TELE: _____

4. DATE OF BIRTH: _____

_____ PLACE _____

5. MARITAL STATUS: MARRIED ___ UNMARRIED ___

6. CHILDREN & NEXT OF KIN:

	NAME	AGE	ADDRESS
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

7. IDENTIFICATION MARKS: _____

8. STATE OF HEALTH: _____

Please state with dates serious illness, operations or disabilities.

Date _____ Particulars _____

Is there anything in your medical history likely to effect your employment
If Yes: _____

9. LANGUAGES	Speak	Read	Write
TELUGU:	YES/NO	YES/NO	YES/NO
HINDI:	YES/NO	YES/NO	YES/NO
ENGLISH:	YES/NO	YES/NO	YES/NO
OTHERS _____			

B) EDUCATIONAL & TECHNICAL QUALIFICATION:

From _____ To _____ School/College _____ Qualification Gained _____

C) EMPLOYMENT HISTORY:

YEAR _____					
From	To	Name of Employment	Position & Type of Work	Amount Salary	Reason for Leaving
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

D) REFERENCES:

(References of two elderly persons of your locality)
Names / Address / Occupation / Position

1. _____ 2. _____

I CERTIFY THAT THE INFORMATION IS CORRECT

DATE _____

SIGNATURE: _____