



PERSONAL DATA FORM

NAME _____

POST APPLIED FOR _____

- Please complete in your own hand writing.
- Please answer all questions completely. If necessary, attach a separate sheet and add any additional information which may be relevant.

PERSONAL PARTICULARS

FULL NAME _____
(IN BLOCK LETTERS)

PRESENT ADDRESS _____

Phone : Office _____ Residence: _____ Mobile No. : _____ e-mail: _____

PERMANENT ADDRESS _____

Phone : _____ Mobile : _____

FATHER'S/HUSBAND'S :

NAME _____

ADDRESS _____

OCCUPATION _____

(If employed give designation and official address)

PLACE WHERE YOU HAVE RESIDED FOR MORE THAN ONE YEAR DURING THE LAST FIVE YEARS :

From	To	Address	Name and address of one referee

DATE OF BIRTH _____ AGE _____

PLACE OF BIRTH _____ PLACE OF ORIGIN _____

HOME TOWN _____ RELIGION _____

MARITAL STATUS (Unmarried/Married/Widowed/Widower/Separated) :

CHILDREN :

	No.	Age	Occupation
SONS			
DAUGHTERS			

DEPENDENTS (Excluding Spouse and Children) :

Relationship	Age	Reasons of dependency

EARNING MEMBERS IN FAMILY :

Relationship	Age	Address where employed/working	Approximate monthly income

SOURCE / AMOUNT OF ANY OTHER INCOME : _____

MEMBER OF SOCIAL, RELIGIOUS, CULTURAL OR POLITICAL ORGANISATION :

Name of Organisation	Nature of your association

GIVE PARTICULARS OF MATERIAL INDEBTEDNESS :

IF YOU HAVE BEEN INVOLVED IN ANY COURT PROCEEDING, GIVE PARTICULARS :

HEIGHT _____ MT _____ CM. WEIGHT _____ KGMS.

LIST PROLONGED OR SERIOUS ILLNESS, IF ANY _____

PHYSICAL DISABILITY, IF ANY _____

QUALIFICATIONS

EDUCATIONAL HISTORY (High School/Secondary onwards) :

Name and Address of School/College	Board / University	Year of		Degree/ Exam.	Subjects	Marks %
		Entering	Leaving			

Professional Societies	Honours & Scholarship	Publications & Papers presented (incl. Thesis)

SPECIAL TRAINING / STUDY, IF ANY :

Course / Subject				
Institution				
Duration				

LANGUAGES KNOWN (TICK WHATEVER APPLICABLE) :

Language	Speak	Read	Write

EXTRA-CURRICULAR ACTIVITIES :

LITERARY/ CULTURAL / ARTS : _____

SOCIAL _____

SPORTS _____

HOBBIES _____

EXPERIENCE AND PAST EMPLOYMENT :

Employer's Name and Address	Period	Employed		Salary (p.m.)		Reason for leaving
		From	To	Basic + DA	Total	
PRESENT (1)						
NEXT LAST (2)						
THIRD LAST (3)						
FOURTH LAST (4)						

DESIGNATION & SCOPE OF RESPONSIBILITIES UNDER EACH EMPLOYER :

Designation & Scope of Responsibilities	Supervisor's Name and Designation
PRESENT (1)	
NEXT LAST (2)	
THIRD LAST (3)	
FOURTH LAST (4)	

REFERENCE

TWO EMPLOYEES OF ANY OF OUR UNITS KNOWN TO YOU :

Name	Rank	Particulars		Relationship or other connection
		Unit	Department	

TWO REFEREES NOT RELATED TO YOU, OF WHOM AT LEAST ONE SHOULD BE HOLDING A RESPONSIBLE POSITION IN THE LINE OF YOUR OCCUPATION, PREFERABLY YOUR PRESENT OR PAST EMPLOYER, IN CASE FRESH FROM COLLEGE/SCHOOL, GIVE THE NAME OF THE PRINCIPAL OF THE COLLEGE/SCHOOL LAST ATTENDED :

Name of Referee	Occupation	Address	Phone No.

NAME & ADDRESS OF TWO RESPONSIBLE PERSONS OF YOUR LOCALITY TO WHOM YOU ARE KNOWN:

Name of Referee	Occupation	Address	Phone No.

OTHER PARTICULARS

HOW MANY DAY'S NOTICE WOULD YOU REQUIRE TO JOIN ? _____

HAVE YOU BEEN INTERVIEWED BY US BEFORE ? _____ POST _____ DATE _____

DECLARATION

I shall, if and when required, take up casual/temporary / permanent duty in the discharge of company assignments any where in India or abroad.

I certify, that the foregoing information is correct and complete to the best of my knowledge and belief and nothing has been concealed. I am not aware of any circumstances which might impair my fitness for employment. If at any time, I am found to have concealed any material information or given any false details, my appointment shall be liable to summary termination without notice or compensation.

DATE _____ PLACE _____

Signature of Applicant

FOR OFFICE USE ONLY

PRELIMINARY INTERVIEW NOTES

DATE _____ SIGNATURES _____

FINAL INTERVIEW	FINAL INTERVIEW BOARD

DECISION

DATE _____

ACTION TAKEN

DATE _____

PRESENT REMUNERATION / FACILITIES

Name _____ Designation _____

Employer _____

MONTHLY REMUNERATION :

Salary (Basic)	D.A.	House Rent	Conveyance Allowance	Bonus/ Rewards		Total

BENEFITS / PERQUISITES :

Leave Travel Assistance	Medical Subsidy	Furnishing		Other Facilities
		Furniture		

RETIREMENT BENEFITS :

Provident Fund	Gratuity	Pension	

Date :

Signature

NOTE :- Please fill particulars of other remuneration/facilities, if any, in the blank spaces provided and indicate details.