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Family Background

| Relationship | Age | Occupation |
|--------------|-----|------------|
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Dependants (Other than wife & children)

| Relationship | Age | Reason for Dependency |
|--------------|-----|-----------------------|
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Languages Known

| | Spe | | | |
|----------|----------|-----------|------|-------|
| Language | Fluently | Haltingly | Read | Write |
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| Hobbies actively pursued |
|---|
| Do you suffer from any physical defect / chronic illness? If yes please specify |
| |
| Have you ever been convicted by any court? If yes, give details |
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| Any Training Courses attended Any Training Courses attended Are you pursuing any formal studies / courses? If yes, please specify the details | | | | | | | Joir | ning | Leaving | | |
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| Name of the OrganizationEmployedTotal Exp. In Year & MonthGross Salary on Reason fo leaving | Any Tra Any Tra Are you Work | ining Cou pursuing Experie | urses atter | nded al studies rt With | s / cours PRO Presei | es? Ifyes, p FESSION It / Last Ei | olease spe NAL SN mploym | cify the d NAPSH 1ent) Total Exp In Year & | etails OT | | |

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Designation & Scope of responsibilities in each Organization[to the max of 4 organization only]

| Designation / Job Responsibility | Reporting To(Specify Name & Designation) |
|----------------------------------|---|
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 $Please\ specify\ if\ you\ have\ signed\ any\ bond\ with\ you\ previous/current$

employer.....

State any three outstanding achievements in your previous employments

Any relative/friend working in this company

| Name of Relative/Friend | Relationship | Current Designation |
|-------------------------|--------------|---------------------|
| | | |
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Please state 2 strengths and weakness

| Strengths | |
|-----------|--|
| Weakness | |

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| Leave T | ravel Assistance | | | | | | |
| P. F. | | | | | | | |
| Gratuity | 1 | | | | <u> </u> | | |
| | inuation | | | | | | |
| Bonus | | | | | | | |
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| niiy ou | TOTAL CTC | | | | | | |
| | Take home salary | | | | | | |
| Date of Are you | t Salary Grade last increment dra 1 due for an increm hen | wn: | | | e of Last Increm | | |
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| | | <u>DEMO L</u> | <u>eu i ure Assess</u> | MENI KEFUKI | | | |
| | | Departmen | t | | | | |
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| Exper | rience | | | | | | |
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| No | Name of Faculty | Signature | Subject | Presentation | Board | Experience | Total |
| | | | Knowledge (out of 10) | (out of 10) | work (out of | (out of 10) | |
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| | Total | | | | | |

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