
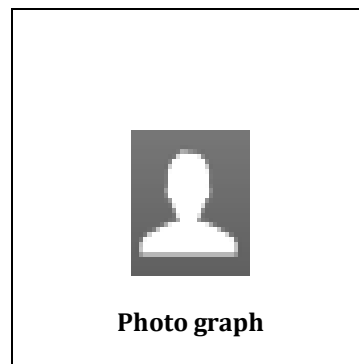


Division	Document Type	Document No.	HR/REC/01-02		ENGINEERING PHARMACY MANAGEMENT ARCHITECTURE DIPLOMA
HR	Application Form	Effective Date	Document Version		
		1 st March 2021	V2.0		

EMPLOYMENT APPLICATION FORM

Note: All the columns in this application form is compulsory for the candidate to provide for Qualifying for the Personal interview. Wherever the Questions are not applicable mention-“NA”. No column should be left blank.



NAME

DATE OF INTERVIEW.....POST APPLIED FOR

REFERENCE

PERSONAL DETAILS

Name (in block letters)

Father's Name

Permanent Address

City:.....State:.....Country:ZIP No:.....

MobileTelephone (R).....

Office.....Email Id:

Present Correspondence Address

City:.....State:.....Country:ZIP No:.....

Telephone (R)Office/Mobile:.....


Date of BirthPlace of Birth:.....

Height:.....Weight:.....Blood Group:.....

Marital Status :.....If married Name of Spouse:.....

Anniversary Date :..... No. of Children

PAN No.:..... Aadhar No:.....

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Family Background

Name	Relationship	Age	Occupation

Dependants (Other than wife & children)

Relationship	Age	Reason for Dependency

Languages Known


Language	Speak		Read	Write
	Fluently	Haltingly		

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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EDUCATIONAL CREDENTIALS

Examination Passed (10 th Onwards)	Name of School / College / Institute	Board	Year of		Subjects	% of Marks / Div / Rank.
			Joining	Leaving		

Any Publications, research work

.....

Any Training Courses attended

.....


Are you pursuing any formal studies / courses? If yes, please specify the details

.....

PROFESSIONAL SNAPSHOT

Work Experience (Start With Present / Last Employment)

Name of the Organization	Employed						Total Exp. In Year & Month	Gross Salary on		Reason for leaving
	From			To				Joining	Leaving	
	DD	MM	YY	DD	MM	YY				

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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)

Please specify if you have signed any bond with your 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

Please state 2 strengths and weakness

Strengths	
Weakness	

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		1 st March 2021	V2.0		

REMUNERATION DETAILS

Heads	Amount pm	Remarks
Salary - Basic & DA		
Housing/HRA		
Conveyance		
Medical		
Leave Travel Assistance		
P. F.		
Gratuity		
Superannuation		
Bonus		
Any Other		
TOTAL CTC		
Take home salary		

Present Salary Grade

Date of last increment drawn:Percentage of Last Increment.....

Are you due for an increment

If so, when

Gross Expected Salary

Minimum agreeable salary for joining

Minimum Joining Time Required


Referees (Details of Reporting Head in Current Organization)

Name	Designation	Organization	Contact No. (Board/Landline No. with Ext)

I hereby solemnly affirm and declare that the statements made above are true and nothing has been concealed. If any of the above statement is found to be false or incorrect, I will be liable to be dismissed summarily.

Date:

Signature of Applicant:

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DEMO LECTURE ASSESSMENT REPORT

Department _____

Candidate's Name	
Degree	
Experience	
Lecture Topic	

No	Name of Faculty	Signature	Subject Knowledge (out of 10)	Presentation (out of 10)	Board work (out of 10)	Experience (out of 10)	Total
1							
2							
3							
4							
5							
6							
	Total						

HOD Remarks: _____