

Manager—HR

Please Fix your  
Recent Photograph

Post Applied For:

Job Code:

**APPLICATION FOR EMPLOYMENT (please specify the post being applied for)**

Step 1: To print this form, go to “File” menu and select “Print”. This Application Form (4 pages) gets printed.

Step 2: Please answer all questions carefully. You can either hand-write on the printed form or type in the details.

Step 3: Send the completed form by email, courier or post. All information will be treated as strictly confidential.

**A. Personal Data :**

1. NAME (BLOCK LETTERS) :

2. PRESENT ADDRESS :

3. PERMANENT ADDRESS :

4. TELEPHONE No./CONTACT No.

LANDLINE :

MOBILE :

EMAIL :

5. DATE OF BIRTH :

6. PLACE OF BIRTH :

7. MARITAL STATUS : SINGLE/MARRIED/WIDOWED (STRIKE OFF WHICHEVER IS NOT APPLICABLE)

8. CHILDREN	No.	AGE	OTHER DEPENDENTS
<b>Boys</b>			
GIRLS			

9. FATHER'S / SPOUSE'S /  
GUARDIAN'S NAME :

10. In case of emergency the person to notify:

NAME:

RELATIONSHIP:

ADDRESS:

PHONE:

11. Physical Data :

HEIGHT:

WEIGHT:

BLOOD GROUP:

Have you any physical handicap?

SIGHT:

HEARING:

SPEECH:

FOOT:

HAND:

(If yes for any of the above, furnish details)

Have you had any major operations/illnesses within the past three years ? If so, give details:

12. Miscellaneous Data:

a) Movable Property (Vehicles only)

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CAR/TWO WHEELER

MAKE

DRIVING LICENSE

REGN. No.

INSURANCE POLICY No.

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b) Whether in possession of Passport/Visa ? If so, Passport/Visa No. and date of validity.

c) Details of Life Insurance Policies :

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**B. 14. Educational Qualifications :**  
(Enclose photocopies of certificates)

NAME OF SCHOOL /UNIVERSITY	PERIOD ATTENDED		COURSE DEGREE/ DIPLOMA	CLASS RANK	YEAR OF PASSING
	FROM	TO			

**15. Professional Qualifications, Training**  
(Enclose photocopies of certificates)

NAME OF INSTITUTION	PERIOD ATTENDED		DETAILS OF TRAINING
	FROM	TO	

**16. Particulars of Scholarship or Special Merit awards received :**

**17. Extra Curricular activities :**

**D. Employment Particulars (Present Employment First)**

(Enclose photocopies of previous experience certificates and appointment letter and salary slip of present employer)

NAME & ADDRESS	DURATION FROM TO	DESIGNATION	DUTIES	SALARY DRAWN	REASON FOR LEAVING
a)					
b)					
c)					

**E. General Information :**

Have you any relations/acquaintances in the service of the Brigade Group, if so :

- |                |                |
|----------------|----------------|
| a) Name :      | b) Name :      |
| Designation :  | Designation :  |
| Relationship : | Relationship : |

18. Reasons for desiring to join our Organisation:

- a)
- b)
- c)

19. What consolidated salary do you expect ?

20. When can you start work, if appointed ?

21. Are you already a member of provident fund, if so details ?

22. Are you covered under E.S.I. Act and if so Insurance No. and name of your previous employer ?

**E. Reference :**

(Please give the name of two persons who know you but are not related to you, preferably superiors from your previous organisation.)

8. Name :
- Designation :
- Address :
- Telephone no./Contact no.  
Landline : Mobile :

How long has he/she known you ? ..... Years.

9. Name :
- Designation :
- Address :
- Telephone no./Contact no.  
Landline : Mobile :

How long has he/she known you ? ..... Years.

I hereby certify that the above information is true to the best of my knowledge. I understand that incorrect, false information given in this form will render me liable for immediate termination of employment.

Place :

(Signature of Applicant)  
Date :