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| **E:\DR KARTHI CHIT INDIA PRIVATE LIMITED - GOBI\SRIDHARAN\SRIDHARAN-SATHY\PRINTING DETAILS\DR Logo\dr_traadders_logo.jpg****DR *Karthi*****CHIT INDIA PRIVATE LIMITED****Regd. OFFICE, SATHYAMANGALAM.** |
|  **STANDARD APPLICATION FORM** |  |
| FULL NAME INCLUDING SURNAME (In Block Letters – Underline surname)SURNAME NAME | AffixPhoto Here |
| PLACE OF BIRTH | DATE OF BIRTH | AGE IN YEARS |
|  |  |  |
| NATIVE PLACE & NATIVE DISTRICT | NATIONALITY | CASTE: Whether OC/BS/ST/SC/Others (Specify) |
| RELIGION |
|  |  |  |
|  |
| SEX | MARTIAL STATUS |
| M | F |  Single |  Married | Widow |  Seperated | Divorcee |
|  Widower |
| HEIGHT |  | BLOOD GROUP: |
| WEIGHT |  | Physically Challenged : Yes / No(If yes Xerox copy to be enclosed) |
| Identification Marks | (1) |
| (2) |
|  | PERMANENT ADDRESS | PRESENT ADDRESS |
| LANDLIN E NO: MOBILE NO:  |  | LANDLIN E NO: MOBILE NO:  |
| Email id’s. | 1 |  |
| 2 |  |
| TWO WHEELER DETAILS(Xerox copy of RC to be enclosed) |
| LICENCE(Xerox copy of Licence to be enclosed) |
| PAN CARD No.(Xerox copy of pan card to be enclosed) |
| AADHAR CARD No.(Xerox copy of Aadhar card to be enclosed) |
| If any of the above examinations was / were done parts, or if any break occurred in Educational career, give details and reasons there of: |
|  |
| Give details of Prizes, Medals, Scholarships, if any, received during your Educational career. |
|  |
| Details of extra-curricular activites, both past and present. |
|  |
|  |
| **PARTICULARS OF PREVIOUS EMPLOYMENT** |
| NAME AND ADDRESS OF THE ORGANISATION OR ESTABLISHMENT | DESIGNATION | PERIOD OF EMPLOYMENT | NATURE OF WORK | LAST SALARY DRAWN | REASONS FOR LEAVING |
| FROM | TO | DUTY DETAILS |
|  |  |  |  |  |  |
| Noticeable achievements in your career? |  |
| Any disciplinary action initiated against you? | Were you ever discharged or dismissed? |
|  |  |
| Are you engaged in any trade,business, profession or part time job. If so, furnish details. |
|  |
| Reasons for seeking job with us? |  |
| Minimum Salary Acceptable:Rs. | Time required to join duty: |
| Are you associated with or a Member of any professional body? If yes, give details. |
|  |
| If you are associated with any cultural, social, literary or religious Organisation or Association, give details. |
| **PARTICULARS OF FAMILY MEMBERS****(If any member is dependent on you, please tick in the box against the name(s) )** |
| Members | Name | Dependent Y/N | Date of Birth / Age | Occupation | Monthly income | Place of residence |
| Spouse |  |  |  |  |  |  |
| Children 1)2)3) |  |  |  |  |  |  |
| Father |  |  |  |  |  |  |
| Mother |  |  |  |  |  |  |
| Brothers 1)2)3) |  |  |  |  |  |  |
| Sisters 1)2)3) |  |  |  |  |  |  |
|  |  |  |  |  |
| Property Details |  | Self / joint | Area Measurement | Place |  | Annual Income |
|  |  |  |  |  |  |  |  |
| Do you have any relatives employed in this Company / Group of Companies. If yes, give details of employment and relationship |
| No | Yes | NAME |  |
| DESIGNATION |  |
| DEPARTMENT |  |
| ORGANISATION |  |
| RELATIONSHIP |  |
| YEARS KNOWN |  |
| **Acadamic qualifications (Including Professional and Technical)** |
| COURSES STUIDIED | NAME & PLACE OF THE INSTITUTION | AFFILATED TO BOARD / UNIVERSITY | PERIOD OF STUDY | DONE AS | YEAR OF PASSING | % MARKS |
| FROM | TO | REGULAR | PRIVATE |
| CORRESPONDENCE |
|  |  |  |  |  |  |  |  |
| Have you ever been prosecuted / involved in Court proceeding? If yes, give details. |
|  |
| Did you suffer from any serious illness? Do you have any physical defects? |
|  |
| Any additional facts about yourself or your family background which you would like to furnish. |
|  |
|  |
| **GIVE TWO REGERENCES (PREFERABLY OUTSIDERS i.e NOT RELATED TO YOU) WITH ADDRESS AND TELEPHONE / MOBILE No.** |
| (1) | (2) |
| Name, Designation and Address | Years Known | Name, Designation and Address | Years Known |
| LANDLIN E NO: MOBILE NO: Email id: |  | LANDLIN E NO: MOBILE NO: Email id: |  |
| I here by declare thar the information given in this form is true and nothing is withheld. I further agree that if I am employed by the Company and if it is found subsequently that any of the details furnisehed herein are found to be false and/or that I have suppressed any information and/ or any mis-representation of facts in this Application is sufficient cause for termination of my services at once.DATE:PLACE: SIGNATURE…………………………………………. |