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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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Affix  Photo Here | | | | |
| PLACE OF BIRTH | | | | | | | | | | | DATE OF BIRTH | | | | | | | | | | | | | | | | | | | | | AGE IN YEARS | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| NATIVE PLACE & NATIVE DISTRICT | | | | | | | | | | | | | | | | | | | | | NATIONALITY | | | | | | | | | | | CASTE: Whether OC/BS/ST/SC/Others (Specify) | | | | | | | | | | | | |
| RELIGION | | | | | | | | | | |
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| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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…………………………………………. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |