

# EMPLOYMENT APPLICATION FORM

## PERSONAL PROFILE

Name:..... Emp.No:.....  
Designation:..... Dept:.....

Affix Latest  
Photo

### I. Personal Details:

1. Date of Birth: ..... Place of Birth: .....
2. Religion: ..... Caste / Community:.....
3. Nationality:..... Sex: .....Blood Group:.....

4. Address for Communication

Permanent Address

Phone No. :-  
Cell No. :-

Phone No. :-  
Cell No. :-

5. Languages Known (Please tick appropriate column) Read Write Speak

- |          |                          |                          |                          |
|----------|--------------------------|--------------------------|--------------------------|
| i. ....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ii.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| iii..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| iv.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| v.....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. Presently your house :  Own House  Rented House

7. Your Bank Account: PAN No:.....  
Bank Name.....Branch.....Account No.....

8. Do you know driving:  Two Wheeler  Four Wheeler  None  
If yes, driving Licence No.....Valid up to.....

9. Do you own:  Two Wheeler  Four Wheeler  None

10. Do you have a Passport:  
If yes, Passport No.....Valid upto.....

**6. Health History:**

1. Your blood group: .....

2. Any Known allergies:.....

3. Do you wear Spectacles :  Yes  No

If yes, What power : right eye Left eye

4. Do you suffer from  Respiratory Disorder  Heart Disease  
 Blood Pressure  Diabetes  Asthma  
 Tuberculosis  Others – Specify: .....

5. Have you suffered any ailments in the past? Give details.  
 Malaria  Jaundice  Hernia  Piles  
 Liver ailments  Back Pain  Others.....

6. Have you had any accident in the past?  
.....

7. Have you undergone any surgery earlier?  
.....

8. Are you in the habit of any/all of following?  
Smoking Yes  No   
Chewing Tobacco/Pan Yes  No   
Consuming Alcohol Yes  No

**7. Family Background:**

1. Whether married?  Yes  No

**FAMILY BACKGROUND**

Name	Relation	Dependant Y/N	D.O.B	Qualification	Occupation

**8. Educational History: (Starting from 10<sup>th</sup> Std.)**

Name of the Institution	From	To	Exam Passed	Special Subjects	% of marks

**Training Attended:**

.....  
.....  
.....

**V. Employment History (Starting from the latest)**

Name & Address of Employer	From Month /Year	To Year	Dept / Designation	Function / Duties	Gross Salary	Reason for Leaving

References (No relative please)

1.	2.
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Name and Address of person to be contacted in case of Emergency:

1.	2.
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Your extra curricular activities, if any please specify

- Playing Games (Specify).....
- Cinema       TV       Reading Books       Listening to Music
- Stamp Collections       Social service       Others.....

Declaration: I hereby affirm that the afore mentioned statements are true to the best of my knowledge and belief and without any consequential or omissions of any kind whatsoever and I understand that any wrong statements or suppression of facts will be subject to my immediate dismissal from the service.

Date:  
Place:

Signature