

REF : \_\_\_\_\_



AFFIX  
PASSPORT  
SIZE  
PHOTOGRAPH

**PERSONAL DATA  
(Confidential)**

THIS FORM MUST BE COMPLETED IN ALL RESPECT  
ENCLOSURES ARE REQUIRED TO BE MADE IN A-4 SIZE PAPER ONLY  
INCOMPLETE FORM WILL SUMMARILY BE REJECTED.

POST APPLIED FOR : \_\_\_\_\_

1. NAME (IN BLOCK LETTERS) : \_\_\_\_\_

2. DATE OF BIRTH : \_\_\_\_\_

3. PRESENT ADDRESS \_\_\_\_\_ PERMANENT ADDRESS : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TEL : \_\_\_\_\_ TEL : \_\_\_\_\_

E-Mail: ..... E-Mail:.....

4. MARITAL STATUS: MARRIED / UNMARRIED NO. OF CHILDREN .....

5. FAMILY DETAILS

SL.NO.	NAME	RELATION	AGE	OCCUPATION

6. ARE YOU PREPARED TO WORK ANYWHERE IN INDIA (YES/NO) .....

7. OUTLINE ? MENTION YOUR STRENGTH (PERSONALITY TRAITS)  
.....  
.....

8. OUTLINE / MENTION YOUR WEAKNESSES (PERSONALITY TRAITS)  
.....  
.....

9. OUTLINE / MENTION YOUR PROFESSIONAL STRENGTH (SUBJECT / TOPIC FIELD WHERE YOU ARE MORE COMFORTABLE)  
.....  
.....

10. OUTLINE / MENTION YOUR PROFESSIONAL WEAKNESSES

.....  
 .....

11. QUALIFICATION (ACADEMIC/PROFESSIONAL/TECHNICAL) (10+2 EXAM & ONWARDS)

YEAR OF PASSING	EXAM	COLLEGE / INSTITUTE	UNIVERSITY	# OF MARMS	SUBJECTS

12. PROFESSIONAL TRAINING (IF RELEVANT TO FIELD / TRADE)

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

13 (A) TOTAL EXPERIENCE ..... YEARS ..... MONTHS

(B) DETAILS OF EXPERIENCE (START FROM PRESENT)

ORGANISATION & ADDRESS	DESIGNATION		PERIOD		NATURE OF DUTIES	GROSS SALARY (CTC)
	At the Time of Joining	At the time of Leaving	FROM	TO		

14 OUTLINE YOUR JOB RESPONSIBILITIES / PROFILE / CORE COMPETENCE WITH DETAILS, REPORTING RELATIONSHIP (TO WHOM YOU ARE REPORTING & WHO ARE REPORTING TO YOU) AND PRODUCGTS / DIVISIONS HANDLED. GIVE DETAILED ORGANISATION CHART. IF PRESENTLY UNEMPLOYED, GIVE DETAILS OF LAST ASSIGNMENT WITH JOINING & LEAVING DATE.

15. REASONS FOR SEEKING CHANGE

.....  
.....

16. PREFERENCE FOR SIZE & TYPE OF COMPANIES ETC.

.....  
.....

17. MENTION ANY OTHER INFORMATION, WHICH YOU THINK, SHOULD BE TAKEN INTO CONSIDERATION.

.....  
.....

18. DO YOU KNOW OR RELATED TO SOMEONE IN VPL GROUP.  
(IF YES, GIVE PARTICULARS OF RELATED EMPLOYEE)

.....

19. PRESENT REMUNERATION DETAILS (PLEASE CALCULATE PERKS ON MONTHLY BASIS)

BASIC	H R A	CONVEYANCE	L T A	MEDICAL	BONUS	OTHERS (SPECIFY)	TOTAL

20. RETIREMENT BENEFITS (PLEASE CALCULATE ON MONTHLY BASIS)

PROVIDENT FUND	GRATUITY	SUPERANNUATION	ANY OTHER PERKS (Specify)	TOTAL

21. TOTAL SALARY (COST TO THE COMPANY)  
(INCLUSIVE OF ALL PERQUISITES & BENEFITS PER MONTH)

.....

22. EXPECTED SALARY (COST TO THE COMPANY)

.....

23. NOTICE PERIOD TO BE GIVEN TO PRESENT EMPLOYER

.....DAYS

24. REFERENCES : Please given names, addresses, telephone numbers & E-mail ID of two references.

.....	.....
.....	.....
.....	.....
TEL :.....	TEL. ....
E-Mail .....	E-Mail .....

**DECLARATION**

The above information is true. The Company may initiate appropriate action if any information stated above is found to be incorrect.

PLACE :  
DATED :

SIGNATURE

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**FOR OFFICE USE ONLY**

REMARKS .....  
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.....

HEAD OF DEPTT.

CHIEF-HRD

DIRECTOR / CMD