

Post Applied For _____ Expected Salary: _____

A) PERSONAL PARTICULARS:

1. FULL NAME: _____

2. FATHER NAME: _____

3. ADDRESS: _____

_____ PINCODE _____ TELE _____

4. DATE OF BIRTH: _____ PLACE _____

5. MARITAL STATUS: MARRIED _____ UNMARRIED _____

6. CHILDREN & NEXT OF KIN:

	NAME	AGE	ADDRESS
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

7. IDENTIFICATION MARKS: _____

8 STATE OF HEALTH : _____

please state with dates serious illness, operations or disabilities.

Date	Particulars
_____	_____
_____	_____

is there anything in your medical history likely to effect your employment.

If Yes: _____

9. LANGUAGES:	SPEAK	READ	WRITE
TELUGU :	YES/NO	YES/NO	YES/NO
HINDI :	YES/NO	YES/NO	YES/NO
ENGLISH :	YES/NO	YES/NO	YES/NO
OTHERS :	_____		

B) EDUCATIONAL & TECHNICAL QUALIFICATION:

From	To	School / College	Qualification Gained
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C) EMPLOYMENT HISTORY:

Year.....	From	To	Name of Employment	Position of Type	Amount Salary	Reason for Leaving
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

D) REFERENCES:

(References of two elderly persons of your locally)

Names/ Address / Occupation / Position

1. _____ 2. _____

I CERTIFY THAT THE INFORMATION IS CORRECT

DATE: _____

Signature: _____