

PHOTO

PERSONAL DATA FORM

(ALL THE PARTICULARS SHOULD BE FILLED IN CAPITAL LETTERS ONLY)

FULL NAME (CAPITAL LETTERS) : _____

DATE OF BIRTH _____ GENDER _____

MARITAL STATUS _____

ADDRESS FOR COMMUNICATION

PERMANENT ADDRESS

E-MAIL ID (Personal) _____

MOBILE NUMBER _____

ALTERNATE CONTACT NUMBER _____

EMERGENCY CONTACT NUMBER _____

ADDRESS OF EMERGENCY CONTACT PERSON

TOTAL YEARS OF EXPERIENCE : _____

EDUCATION QUALIFICATION

| QUALIFICATION | UNIVERSITY / INSTITUTE | YEAR OF PASSING | MARKS % |
|---------------|------------------------|-----------------|---------|
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WORK EXPERIENCE (START WITH RECENT ORGANIZATION)

| ORGANIZATION NAME | DESIGNATION | RESPONSIBILITIES | DURATION | REASON FOR LEAVING THE JOB |
|-------------------|-------------|------------------|----------|----------------------------|
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FAMILY DETAILS

| NAME | AGE / SEX | RELATIONSHIP | OCCUPATION |
|------|-----------|--------------|------------|
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ADDITIONAL INFORMATION

- Languages Known: _____ Mother Tongue: _____
- Hobbies: _____
- Passport No. _____ Valid Up to: _____
- Aadhaar No. _____ Pan No. _____

Bank Details:

(If you own an account in the bank mentioned below please fill in the requested details.)

| <u>BANK NAME</u> | <u>BRANCH NAME</u> | <u>ACCOUNT NUMBER</u> |
|------------------|--------------------|-----------------------|
| | | |

Declaration

I declare that the information given, herein above, is true & correct to the best of my knowledge, belief & nothing material has been concealed. I understand that the information if found false or incorrect, at any time during the course of my employment, my services will be terminated without any notice or compensation.

Date: _____

Place: _____

Signature of Employee

Regards,