

AFFIX  
PASSPORT  
SIZE  
PHOTOGRAPH

**APPLICATION FOR THE POST OF** \_\_\_\_\_  
[SURNAME                                  NAME                                  FATHER'S NAME]

1. NAME IN FULL \_\_\_\_\_

2. PRESENT ADDRESS \_\_\_\_\_  
\_\_\_\_\_

3. PERMANENT ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NO. (RES.) \_\_\_\_\_ MOB. \_\_\_\_\_

4. DATE OF BIRTH / AGE \_\_\_\_\_

5. MARITAL STATUS \_\_\_\_\_ NO. OF CHILDREN & AGE \_\_\_\_\_

6. ACADEMIC RECORD (STARTING FROM S.S.C.)

YEAR		COURSE & SPECIALISATION	SCHOOL/COLLEGE/ UNIVERSITY / INSTITUTE	CLASS AND % MARKS
FROM	TO			

7. SHORT-TERM COURSES \_\_\_\_\_

8. MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS \_\_\_\_\_

## 9. LANGUAGES : (INDICATE WHETHER FAIR, GOOD OR FLUENT) - UNDERLINE YOUR MOTHER TONGUE

LANGUAGES	SPEAK	READ	WRITE

## 10. DETAILS OF EXPERIENCE : STARTING FROM PRESENT APPOINTMENT

YEAR & MONTH		EMPLOYER'S NAME & NATURE OF BUSINESS	DESIGNATION	GROSS CTC PA	
FROM	TO			STARTING	LEAVING

## 11. DETAILS OF PRESENT APPOINTMENT :

NAME AND ADDRESS OF EMPLOYER \_\_\_\_\_

NATURE OF EMPLOYER'S BUSINESS \_\_\_\_\_

TOTAL NUMBER OF EMPLOYEES \_\_\_\_\_ ANNUAL TURNOVER \_\_\_\_\_

DESIGNATION ON JOINING \_\_\_\_\_ EFFECTIVE FROM \_\_\_\_\_

DESIGNATION AT PRESENT \_\_\_\_\_ EFFECTIVE FROM \_\_\_\_\_

OUTLINE YOUR JOB RESPONSIBILITIES. ALSO SHOW REPORTING RELATIONSHIPS (I.E. TO WHOM YOU ARE REPORTING AND WHO ALL ARE REPORTING TO YOU) THROUGH A SUITABLE ORGANISATION CHART :

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12. WHAT ARE YOUR HOBBIES ?  

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13. MENTION ANY OTHER INFORMATION WHICH YOU THINK SHOULD BE TAKEN INTO ACCOUNT IN CONSIDERING YOUR APPLICATION  

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14. GIVE 3 REASONS WHY YOU WANT TO JOIN MIRANDA TOOLS  

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## 15. PRESENT REMUNERATION DETAILS :

RS./MONTH	SALARY+DA	HOUSE RENT	TRANSPORT ALLOWANCE	OTHERS	GROSS TOTAL P.M.
ON JOINING					
AT PRESENT					

## BENEFITS &amp; PERQUISITES : P.A.

LTA	MEDICAL FACILITIES	CLUB MEMBERSHIP	ANNUAL BONUS	OTHERS

## RETIREMENT BENEFITS :

PROVIDENT FUND	GRATUITY	INCENTIVE	OTHERS

## 16. REFERENCES : (PERSON SHOULD NOT BE RELATIVE OF THE APPLICANT)

NAME	OCCUPATION / DESIGNATION	ADDRESS WITH CONTACT NO.
(1)		
(2)		

17. HOW MUCH NOTICE PERIOD IS REQUIRED TO GIVE TO YOUR PRESENT EMPLOYER ? \_\_\_\_\_

18. WHAT SALARY AND BENEFITS DO YOU EXPECT TO RECEIVE ? \_\_\_\_\_

I CERTIFY THAT THE INFORMATION STATED IN THIS APPLICATION ARE TRUE. I UNDERSTAND THAT SUPPRESSION OF MATERIAL / INFORMATION AND FURNISHING WRONG INFORMATION WHICH MAY BE DETECTED AT ANY STAGE OF MY EMPLOYMENT, WILL RENDER ME LIABLE TO BE DISMISSED FROM THE SERVICE OF THE COMPANY.

DATE :

SIGNATURE

INTERVIEWER'S REMARKS