

Particulars of Family Members

S.No.	Name	Age	Relationship	Occupation	Annual Income

Details of Academic / Technical and Professional Qualifications

(Matriculation onwards to be supported by copies of certificates - Specific mention should be made in case pursuing any course)

Period of study	Examination Passed	School / College / University	Year of Leaving School / College / University	Year of Passing	% of Marks obtained	Major subjects studied

Details of Extra-Curricular Activities

Nature of Activity	Position held	Distinction secured	Year

What do you consider as your

Strengths

Weaknesses

--	--

Employment experience (supported by copies of original documents) Please start from the present employer.

Date	Employer's Name	Designation	Nature of work	Salary last drawn	Reasons for leaving
From: To :					
From: To :					
From: To :					
From: To :					
From: To :					
From: To :					

The following information helps us in ensuring that your abilities and aspirations match with our job requirements

Please describe any significant learning experience and major contribution made by you during your tenure so far :



In which position would you like to see yourself in the next five years?

Have you been interviewed by us earlier? No <input type="checkbox"/> Yes <input type="checkbox"/>	Position for which interviewed	Year

Friends / Relatives working in THE APPM LTD. and Group Companies

Name	Place	Dept.	Nature of acquaintance	Period of acquaintance

If appointed how much time would you required for joining?

Reference from persons residing in India and holding responsible positions. They should be intimately acquainted with the applicant's character and work, but must not be relatives or present employer.

Name : Occupation : Address :	Name : Occupation : Address :
---	---

Declaration : I hereby declare that the information furnished by me is true and correct to the best of my knowledge and if at any time during the period of my employment it is found that either I had furnished false information or suppressed factual information, my services are liable for termination without assigning any reasons whatsoever.

Date :

Signature of the Applicant

DETAILS OF YOUR PRESENT REMUNERATION AS ON (MONTH).....(YR).....

A. Salary	Rs.
Basic Salary	
Dearness Allowance	
Additional DA	
City Compensatory Allowance	
House Rent Allowance	
Monthly Incentive Pay (if any)	
Special Allowance (if any)	
Conveyance Allowance / REIMB	
Other Allowance (if any) Pl. specify	
Total per Month	
Total per Annum	

C. Other Benefits

Provident Fund	%
Gratuity	%
Super Annuation	%
ESI	Yes / No
Medical Reimbursement	Rs.
Health Insurance	Rs.
Leave Travel Assistance	Rs.
Annual Bonus	Rs.
Ex Gratia / Other	Rs.
Total per Month	
Total per Annum	

B. Perquisites	Rs.
Entertainment Allowance	
Telephone	
Lunch	
Club Membership	
OTHERS	
1	
2	
3	
4	
Total per Annum	

Privilege Leave	
Casual Leave	
Sick Leave	
Leave Encashment	

Salary Expected	
As Against A.	
As Against A + B + C	

(Signature of the Applicant)