APPLICATION FORM



HAJOORI & SONS

Plot no – 243/244, GIDC Bhatpara, Magdalla Hazira Road, Surat – 394510 Gujarat, India Phone no. 0261-2915255/66

| Reference: | | |
|--------------------|-------------|--------------|
| | | |
| Name: | | _ |
| Post Applied for: | | — Photograph |
| Interview Date:// | | |
| Name: | | _ |
| (Surname) | (Name) | |
| Date of Birth:// | Age: | |
| Mobile No: | | |
| Email Id: | | |
| Address: | | |
| | | |
| | | |
| Permanent Address: | | |
| | | |
| | | |

Social Status

| | Name | Occupation | Contact No |
|--------------|------|------------|------------|
| Father | | | |
| Mother | | | |
| Wife/Husband | | | |
| Children | | | |

Qualification Records

| Qualification | University/ Board | Year | % marks | Name of School /College |
|---------------|-------------------|------|---------|----------------------------|
| | | | | |
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| | | | | |
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Professional Background

| Organization | Designation | DOJ | DOL | Duration | Salary |
|--------------|-------------|-----|-----|----------|--------|
| | | | | | |
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| | | | | | |
| | | | | | |

Current Employment

| Organization | Designation | DOJ | Duration | Salary |
|--------------|-------------|-----|----------|--------|
| | | | | |

| Nature of Current Employment and | Responsibilities: |
|----------------------------------|-------------------|
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| Are you ready t in India. | o be transferred | to any other sis | ster conce | ern of this com | pany bra | anch anywher |
|---------------------------|-------------------|------------------|------------|----------------------|----------|--------------|
| YES / No Reason: | O | | | | | |
| Salary Expected | l Rs | _ | S | ignature | | _ |
| Give two refere | nces other than y | our relatives. | | | | |
| Name: | | | N | Name: | | |
| Address: | | | A | Address: | | |
| Phone Number: | | | F | Phone Number | | |
| Read: | 1) | 2) | | 3) | | |
| Write: Speak: | 1)1) | | | 3) | | |
| · · | spend greater pa | · | | ars of age? City: | | , State: |
| Have you been | abroad? | | | | | |
| Name the | countries | | | duration | of | stay |
| Can you drive? | | | | | | |
| Motor Driving | License No: | | _ | | | |
| Valid up to: | | | | | | |

| ë 1 | Eye Sight : Left | Right |
|--|------------------|-------|
| Height: | | |
| Have You Any Physical Disability: | | |
| If Yes What? | | |
| Have you been ill during the past two years? | | |
| Ifyes, Specify: | | |
| | | |
| | | |
| For Office Use Only | | |
| | | |
| Remuneration: | | |
| Expected Salary: | | |
| D.A: | | |
| Total CTC: | | |
| Designation: | | |
| Joining Date: | | |
| H.O | | |
| Remarks: | | |
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