



Note: Please answer all questions. For additional space use column specified or plain sheet of paper. This application and all details furnished hereunder will be treated as confidential. The acceptance of this application offers no assurance of eventual employment.

<b>MARITAL STATUS</b>		FULL NAME _____		MALE <input type="checkbox"/>		FEMALE <input type="checkbox"/>		
SINGLE <input type="checkbox"/>	FATHER'S/HUSBAND'S NAME _____ FATHER'S PLACE OF BIRTH _____ PRESENT ADDRESS _____ _____ Rented <input type="checkbox"/> Owned <input type="checkbox"/> PHONE _____ PERMANENT ADDRESS _____ _____ Rented <input type="checkbox"/> Owned <input type="checkbox"/> PHONE _____							
MARRIED <input type="checkbox"/>								
WIDOWED <input type="checkbox"/>								
DIVORCED <input type="checkbox"/>								
SEPARATED <input type="checkbox"/>								
RELIGION _____								
NATIONALITY _____								
EMAIL _____	DATE OF BIRTH _____	PLACE OF BIRTH _____	MOBILE NO. _____					
C.N.I.C. NO. _____	POSITION APPLIED FOR _____	SALARY EXPECTED GROSS Rs. .... p/m	AVAILABILITY FOR EMPLOYMENT	DO YOU SMOKE?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

**EDUCATION/PROFESSIONAL TRAINING**

NAME AND LOCATION OF INSTITUTION	DATE		DEGREE/DIPLOMA CERTIFICATE OBTAINED	DIVISION	MAJOR SUBJECTS
	FROM	TO			

**EMPLOYMENT HISTORY:** Starting from the last please describe every position which you have held since you began to work. Also account for all periods of unemployment and state reason (more than 6 months).

DATE		NAME AND ADDRESS OF EMPLOYER	POSITION HELD	REASON FOR LEAVING	LAST DRAWN TOTAL SALARY
FROM	TO				

<b>HOW DID YOU FIND OUT ABOUT KICT?</b> <input type="checkbox"/> Internet <input type="checkbox"/> Newspaper <input type="checkbox"/> Magazine <input type="checkbox"/> Consultant <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Any other source		<b>DO YOU HAVE ANY BLOOD RELATIVE/EXTENDED FAMILY, FRIEND WORKING IN THIS COMPANY OR ITS ASSOCIATES?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Please state his/her name, position and nature of relationship.
<b>Have you previously worked in KICT?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		



**FAMILY RECORD**

RELATIONSHIP	NAME	DATE OF BIRTH	EDUCATION	OCCUPATION
FATHER				
MOTHER				
WIFE/HUSBAND				
B. BROTHER S. SISTER	1 B <input type="checkbox"/>			
	S <input type="checkbox"/>			
	2 B <input type="checkbox"/>			
	S <input type="checkbox"/>			
	3 B <input type="checkbox"/>			
	S <input type="checkbox"/>			
	4 B <input type="checkbox"/>			
	S <input type="checkbox"/>			
	5 B <input type="checkbox"/>			
	S <input type="checkbox"/>			
	6 B <input type="checkbox"/>			
	S <input type="checkbox"/>			
S. SON D. DAUGHTER	1 S <input type="checkbox"/>			
	D <input type="checkbox"/>			
	2 S <input type="checkbox"/>			
	D <input type="checkbox"/>			
	3 S <input type="checkbox"/>			
	D <input type="checkbox"/>			
	4 S <input type="checkbox"/>			
	D <input type="checkbox"/>			
	5 S <input type="checkbox"/>			
	D <input type="checkbox"/>			
	6 S <input type="checkbox"/>			
	D <input type="checkbox"/>			
NEXT OF KIN	NAME AND ADDRESS	RELATIONSHIP	NUMBER OF DEPENDANTS	

**DO YOU OR ANY MEMBER OF YOUR FAMILY SUFFER OR HAVE SUFFERED FROM ANY SERIOUS ILLNESS OR DISABILITY?** YES  NO

If YES, please give particulars : \_\_\_\_\_

**LANGUAGE PROFICIENCY**

Name the language and indicate the extent of competence. 1- FAIR 2- GOOD 3- EXCELLENT

LANGUAGE	UNDERSTAND	SPEAK	READ	WRITE
	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>



INTEREST & ACTIVITIES

Empty table for Interest & Activities

MEMBERSHIP: List of societies, clubs and associations of which you are now or have been a member (professional and social).

Table with columns: NAME AND ADDRESS, NATURE, DATE (FROM, TO), OFFICE HELD (IF ANY)

MILITARY SERVICE: (Outline any military service, past or present, giving branch of service unit or organization, date of service, highest rank held, date of discharge, titles or decoration bestowed upon you).

Empty table for Military Service

TRAVEL ABROAD

Table with columns: COUNTRY, STAY (FROM, TO), PURPOSE OF VISIT

MAY WE APPROACH YOUR

PRESENT EMPLOYER? YES [ ] NO [ ]
PREVIOUS EMPLOYER(S)? YES [ ] NO [ ]

REFERENCES: Please give names of three persons (at least two should be other than relatives).

Table with columns: NAME AND ADDRESS, OCCUPATION & POSITION, FOR HOW LONG ARE YOU KNOWN TO EACH OTHER?, TELEPHONE NUMBER

Use this space for completing answer to any foregoing question or for any other information.

Empty space for additional information

ACKNOWLEDGEMENT: Before signing this form, please make sure that you have answered all questions completely and correctly. This application will not be considered for employment if any of the information furnished above is found to be incorrect. In case the appointment has already been made, the employee will be liable for dismissal without notice.

I do solemnly affirm that the information furnished in this form is correct to the best of my knowledge and belief and that I have withheld nothing which would affect my employment in this company.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_