**Job Application Form**

We appreciate your interest in being associated with the JAV&JPUC and wish to give careful consideration to your application.

Read the entire form first and then complete it in your own handwriting

Please use capital letters.

If space is inadequate, attach separate sheet for any additional information quoting pertinent Serial Number.

All Information given below will be held in strict confidence.



**Jindal Adarsh Vidyalaya &**

**Jindal Pre University College**

Excel through Education

AffixRecent Passport Size Photograph

Position Applied FOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name of the CANDIDATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(in BLOCK LETTERS)

Affix Recent Passport Size Photograph

1. Contact No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Two contact No.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Email ID : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. (A) Present ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (B) Contact ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Date of BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_5A. Age \_\_\_\_\_\_\_\_years

 (DD/MM/YYYY)

1. Maritial Status : Single/Married/Seperated/Widowed
2. Caste : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_5a. Category\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. fAMILY dETAIL :

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Relation** | **Names (s)** | **Age** | **Education level** | **Occupation/****Designation** | **Dependant** |
| Father |  |  |  |  | Y/N |
| Mother |  |  |  |  | Y/N |
| Spouse |  |  |  |  | Y/N |
| Sister(s) |  |  |  |  | Y/N |
| Brother (s) |  |  |  |  | Y/N |
| Children |  |  |  |  | Y/N |

1. Are You related to anyone working in the **JSW/jvm/JAV&jpuc**?

(State Name, Designation, Employee Code and Relationship) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name and address of person to be contacted in case of an Emergency. (Specify Relationship)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Educational QUALIFICATION (**Begin with highest Qualification & State Abbreviations too)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of School/ College/Institution (Location) | Period | Degree/Diploma Obtained | Principal Subject (S) | Grade/Class/Marks % |
| From | To |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. Awards/Distinction/Rank/Scholarships Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If there were breaks in your education, give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Any Other Certificate/Professional Course undertaken:

|  |  |  |  |
| --- | --- | --- | --- |
| Period | Educational Qualification | Year of Passing | % Marks |
| From | To |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **LANGUAGE PROFICIENCY**: (Please tick appropriate Column)

|  |  |  |  |
| --- | --- | --- | --- |
| Languages(Underline Mother Tongue) | Read | Speak | Write |
| Good | Fair | Slight | Good | Fair | Slight | Good | Fair | Slight |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
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1. **EXPERIENCE:**

Please list all employments – Starting with present/Last employment.

(Please use extra sheet if required)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and complete Postal Address of Employer | Period | Position Held (Give exact designation and Reporting Relationship | Salary (Include Allowance) | Major Activities Undertaken |
| From | To | At Start | At End | At Start | At End |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

1. If there were breaks in your service, give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. State two outstanding achievements in your present employment:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Salary Details of Present Employment:
2. Last Drawn Emoluments

Monthly Annual

Basic : Rs. Gross Total : Rs.

HRA : Rs. DA/GP : Rs.

Any Other (specify) : PF : Rs.

a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ : Rs. Any Others (Specify)

b) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ : Rs. a) \_\_\_\_\_\_\_\_\_\_\_ : Rs.

c) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ : Rs. b) \_\_\_\_\_\_\_\_\_\_\_ : Rs.

d)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ : Rs. c) \_\_\_\_\_\_\_\_\_\_ : Rs.

1. BENEFITS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. State Salary Expected per month:RS. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. When can you join if SELECTED? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Are you member of any provident fund? YEs/No

If yes, state your account NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What are your Hobbies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What games do you PLAY? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**delcaration**

If employed, I agree to abide by and observe all rules and regulation of the institution as prevalent from time to time. I declare that I am medically fit for employment and do not have any congenital disease. I am not suffering from any disease which will make me unfit for employment. I am willing to take medical examination wherever and whenever required. I hereby confirm that the information/statements given by me in this application form is true. I accept that I shall be liable for dismissal from service if same are found to be a misrepresentation of facts at any time during my employment with the company.

PLACE:

dATE: sIGNATURE

**for office use only**

Personnel requisition dated : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interviewed on : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interviewed by : 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Selected /Not Selected : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade/Level : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Salary Offered : RS. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PM

dEPARTMENT : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

dESIGNATION : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

nEW eMPLOYMENT rePLACEMENT

cOMMENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 dATE sIGNATURE