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## 

## APPLICATION FORM

**Post Applied for:**  **Date:**

|  |
| --- |
| Name: Mr. / Mrs. / Miss: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-mail Address :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Correspondence Address :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Permanent Address :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Phone No : Office :** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Residence :** \_\_\_\_\_\_\_\_\_\_\_ **Mobile** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date of Birth :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Age :** \_\_\_\_\_ **years Marital Status : Single / Married** |

**REFERENCE:**

Ahmadabad Mirror / Economic Times / Times Ascent / Gujarat Samachar /

Relative / Friends / Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAMILY BACKGROUND:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. No.** | **Name** | **Relation** | **Occupation** | **Age** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**EDUCATIONAL QUALIFICATIONS (FROM SSC OR EQUIVALENT ONWARDS)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year of Passing | Examination | School/College/University | % of marks/Class/ Grade / Rank | Principal Subjects |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**SPECIAL COURSES / TRAINING ATTENDED:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Duration | | Organization / Institution | Nature of Training Programme | Diploma / Certificate (if any) |
| From | To |
|  |  |  |  |  |
|  |  |  |  |  |

**PRESENT JOB:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Joining | Company/ Employer’s Name | Position on Joining | Present Position | Reports to |
|  |  |  |  |  |

**JOB DESCRIPTION / ROLE & RESPONSIBILITIES OF THE PRESENT JOB:**

|  |
| --- |
|  |
|  |
|  |

**JOB EXPERIENCE (START WITH YOUR FIRST EMPLOYMENT):**

| Period | | Company/ Employer’s Name | Position held & Nature of work | Total salary including all allowances, benefits & perks | | Reasons for leaving |
| --- | --- | --- | --- | --- | --- | --- |
| From | To | Starting | Leaving |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**LANGUAGE PROFICIENCY (TICK MARK THE APPROPRIATE COLUMN):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. No.** | **Language** | **Read** | **Write** | **Speak** |
| 1 | ENGLISH |  |  |  |
| 2 | HINDI |  |  |  |
| 3 | GUJARATI |  |  |  |
| 4 | Other |  |  |  |

**PLEASE DESCRIBE THREE OUTSTANDING ACHIEVEMENTS OF YOUR CAREER IN BRIEF:**

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

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

###### WHEN CAN YOU JOIN? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you ever given the interview earlier in ADIT GROUP (Yes/No) : \_\_\_\_\_\_\_\_\_\_\_\_**

**RELATIVES / FRIENDS EMPLOYED IN ADIT GROUP AT PRESENT OR IN PAST, IF ANY,**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Designation / Deptt. | Relationship | Company / Location |
| **1.** |  |  |  |
| **2.** |  |  |  |

Provide Names, Designations, Addresses and Phone Nos. of three References who you know and/or your work and whom we can contact directly:

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any Friends Or Relatives Working in Electronic Security Company, If YES then provide name & contact**

**Numbers -**

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical History:** Have you been or are you under treatment for any prolonged / major / chronic illness and / or have you undergone any major surgical operation in the past? **Yes / No.**

**If yes then please describe Type of disease\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_current status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If cure your illness then submit medical certificate: \_\_\_\_\_\_\_\_\_\_\_\_**

**Physical Disability-** Yes /No (If Yes then give the details)-

**Here I declare as above mention health history is true if any false mention medical history then company will be not responsible. :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( Signature of Candidate)**

**Reason for Change the Job: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Present & Expected Salary Package

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **PRESENT (Rs.)** | | **EXPECTED (Rs.)** | |
|  | **GROSS** | **NET** | **GROSS** | **NET** |
| SALARIES & ALLOWANCES (p.m.) |  |  |  |  |

|  |
| --- |
| **Can you provide Salary Slip/ Salary certificate? Yes No**  **Declaration:** I hereby declare that all the details furnished in this form are true in every respect and I take full responsibility for the contents and consequences of this declaration. |
| Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |