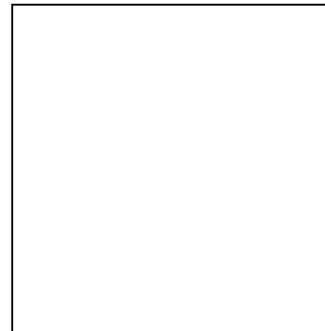


PERSONAL INFORMATION FORM

Please fill out this form and give correct information

I. D. NO.

DATE



Photo

Name of Employee			
------------------	--	--	--

Position At Present		Department	
---------------------	--	------------	--

Position Appointed		Starting Salary	
--------------------	--	-----------------	--

Present Address			
-----------------	--	--	--

--	--	--	--

Home Telephone:	Mobile:
-----------------	---------

Permanent Address			
-------------------	--	--	--

--	--	--	--

Home Telephone:	Mobile:
-----------------	---------

Nationality:	Religion:	Height:
--------------	-----------	---------

Date of Birth:	Place of Birth:	Weight:
----------------	-----------------	---------

Passport No.: (if any)	Place of issue:	Expiry Date:
---------------------------	-----------------	--------------

National ID Card No.:	Date of issue:
-----------------------	----------------

Marital Status	SINGLE <input type="checkbox"/>	ENGAGED <input type="checkbox"/>	MARRIED <input type="checkbox"/>	DIVORCED <input type="checkbox"/>
----------------	---------------------------------	----------------------------------	----------------------------------	-----------------------------------

Name of Spouse (If married):	Name of Children:
------------------------------	-------------------

	1.	
	2.	
	3.	

FAMILY BACKGROUND:

Father's Name:		Occupation:	
Mother's Name:		Occupation:	
No. of Siblings <input type="text"/>	Brothers <input type="text"/>	Sisters <input type="text"/>	

ACADEMIC BACKGROUND:

NAME OF EXAMINATION	PASSING YEAR	SCHOOL / COLLEGE / BOARD / UNIVERSITY	DIVISION/ CLASS	% OF MARKS

ADDITIONAL TECHNICAL KNOWLEDGE

COURSE / SUBJECT	DURATION	SCORE	INSTITUTE

COMPUTER KNOWLEDGE -

--

MEMBERSHIP IN PROFESSIONAL INSTITUTE/ SOCIO CULTURAL ORGANIZATION:

Name of Institute / Organization	Membership details

LIST OF INTERESTS: (i.e. Hobbies, Sports, Social Activities etc.)

Details:
Do you have Driving License: Yes() No() Are you a Player Yes() No()

EMPLOYMENT HISTORY:

Name of the Employer & Address	YEAR From To	Last Drawn Salary	Job Title & Responsibility	Reason for leaving

REFERENCES:

1. Name, Address & Occupation:
Tel.: _____ Mobile: _____
2. Name, Address & Occupation:
Tel.: _____ Mobile: _____

DECLARATION:

- ⇔ Do you have any relative working in this organization - Yes () No ()
- ⇔ Please state his name & position.....
- ⇔ Are you a political activist or member of an union - Yes () No ()
- ⇔ Have you ever been implicated in any criminal case - Yes () No ()

⇔ Have you ever suffered from

- Hepatitis Yes () No ()
- Tuberculosis Yes () No ()
- HIV Yes () No ()

⇔ Specify other medical limitation (if any).....

BLOOD GROUP

FURTHER INFORMATION:

You may give additional information like special achievement, commendation, Awards received by yourself which furthered your performances and career:-

I, _____ do hereby declare that all information or details, given in this form are true in all respect and can be authenticated by original documents as & when asked for. The undersigned bears all responsibility for discordance, concealment or even incorrectness of the information written above.

_____ day _____ month, 201

Signature of Employee

.....

OFFICE USE ONLY

Status:

Salary Structure:

Verification:

Observation:

Special remark, if any:

.....
Signature of Superior Authority

Seal of Company