

- I. PLEASE FILL UP THE FOLLOWING BLANKS **IN BLOCK LETTERS**
- II. PLEASE MARK "NA" AGAINST COLUMNS WHICH ARE NOT APPLICABLE TO YOU.

Affix recent
passport size
photograph

Post Applied for _____

Reference to

News Paper advertisement: _____ **dated:** _____

PERSONAL DATA

1. **Name** :

2. **Address for Correspondence:**

_____ Pin code _____

Cell Ph No: _____

E-mail : _____

3. **Permanent Address**

_____ Pin code _____

Telephone No. (if any) _____

4. **Age & Date of Birth:**
(Attach Proof)

Age: _____ **Date of Birth:** _____

State of Domicile _____ Nationality _____

Religion /Caste _____ Sex : Male/Female _____

Marital Status _____

5. **Identification Marks** 1. _____

2. _____

6. Details of family

Particulars	Name	Age	Details of occupation	Whether dependent or not
Father				
Mother				
Wife / Husband				
Brother/Sister				
Children				

7. Mother Tongue : _____

8. Languages Known:

Sr. No	Languages	Read	Speak	Write

9. a) Do you belong to SC/ST/OBC

Category (Please specify category and attach proof) Yes/No

b) Are you Physically Handicapped?

(Please specify category and attach proof) Yes/No

c) Do you suffer from and major ailments?

If yes, please give details Yes/No

12. Reference of two persons, not related to you, who well acquainted with your back ground/service career and character.

Sr. no.	Name	Address and Telephone No.	Occupation
1.			
2.			

13. EDUCATION [Put last Institute First]

Sr. No.	Name of University/College/School	Degree/Diploma/Certificate	Class /Division & % of Marks	Duration of the Course	Year of passing	Full time Part time

Extra-curricular Activities and Hobbies _____

Technical/Professional Training: _____

Organization	From	To	Stipend Received	Subjects / Trade Learnt

14. EMPLOYMENT HISTORY (put last job first)

Sr. no.	Employer's Name & Address	Designation	Gross Salary Per Month	Joined on	Left on	Reasons for leaving

15. Reference of two persons, not related to you, who well acquainted with your back ground/service career and character.

Sr. no.	Name	Address and Telephone No.	Occupation
1.			
2.			

16. Do you have any relative working with GAPL? Yes/No
If yes, please give details

Name	Location	Designation	Relationship

17. If selected, time required for joining. _____

18. Do you willing to work in shifts? Yes / No

19. Are you a member of the Employees Provident Fund Scheme? If yes, please give the following:

a. PF Account Number : _____

b. PF UAN Number : _____

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DECLARATION

I hereby declare that the information furnished above is true to the best of my knowledge and belief and I fully understand that if any information given above is found false, my services are liable to be terminated at any time without any notice by the Management.

Place : _____

Signature : _____

Date : _____

Name : _____