



APPLICATION FOR EMPLOYMENT UNDER FTC

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

Affix recent
passport
size
photograph

Post Applied for _____

Reference to news paper

Advertisement & Date : _____

PERSONAL DATA

1. Name : _____

2. **Address for Correspondence :** _____

_____ Pin code _____

Cell Ph No . _____

E-mail :- _____

3. **Permanent Address** _____

_____ Pin code _____

4. Age & Date of Birth : **Age:** _____ **Date of Birth** _____

(Attach proof)

State of Domicile: _____ Nationality _____

Religion /Caste _____ Sex : Male/Female _____

Marital Status _____

5. Identification Marks 1. _____

2. _____

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6. Details of family

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

7. Mother Tongue : _____

8. Languages you know :

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

10 EDUCATION [put last Institute first in the sequence to be considered]

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



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11. Extra-curricular Activities and Hobbies (if any)

12. Technical/Professional Training:

Organization	Department	From	To	Section/Area of work	FDA Approval or Other Certification

13. EMPLOYMENT HISTORY (put last job first)

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

14. 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.			

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

Name	Location	Designation	Relationship



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16. If selected, time required for joining. _____

17. Do you willing to work in shift Yes/No

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

a. **PF Account Number** :- _____

b. **PF UAN Number** :- _____

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 : _____

Name : _____

Date : _____

Signature : _____