



apcotex industries limited

ANNEXURE - 2

EMPLOYMENT APPLICATION FORM

(To be filled in by the Applicant)

Position Applied for: _____ Preferred Location: _____

Full Name: Mr./Ms./Dr. _____

(First Name)

(Middle Name)

(Surname)

Passport Size
Photograph

Date of Birth: _____ Place of Birth: _____

Nationality: _____

Marital Status: _____ No. of dependants: _____ Blood

Group: _____

Details of Dependants:

Name	Relationship	Occupation	Date of Birth

Current Address for Communication Permanent Address (Native Place)

Sate: _____ Pin: _____	Sate: _____ Pin: _____
Residential Phone No.: _____	Residential Phone No.: _____
Mobile No: _____	E-mail Address: _____

In case of emergency: Person to be contacted: _____ Contact No.: _____

Do you have a valid Passport? If yes, give details: _____ Valid till: _____

Educational Qualifications: (Start with the Highest Educational/Professional Qualification)

Exam Passed	Full Time/Part Time/Corresp / Long Distance	Duration of Course	Year of Passing	Name & Location of School/ College/University /Board (City & State)	Class & Percentage of Marks

Knowledge of Computers:

Awards/Prizes/Scholarship:

Hobbies & Interests:

State some of the values, beliefs, attitudes and norms, which you believe in:

Have you been hospitalized for major ailment in the past 3 years? If yes, give details

Note: You will undergo a Medical Fitness Examination, if selected.

Mention the Training programs attended by you (including foreign visits, if any)	Professional Membership (give the details of offices held)

Language Known: (Specify proficiency as Excellent, Good, Average, Can Understand, Poor)

Languages	Speak	Read	Write

Work Experience: Including practical training, if any

Please write in chronological order starting with **present employment**

Period (Give Dates) From To	Name & Location of Employer / Self Employment	Designati on	CTC/Gr oss Salary p.a.	Reporti ng to	Reasons for leaving

Give the organization chart of your department in the current organization clearly indicating your position

	Annual Turnover: _____
	No. of Employees: _____
	Position Joined: _____
	Present Job Responsibilities: _____

Briefly mention the key achievements in your current job profile: (Attach separate sheet if required)

1. _____

2. _____

What are your short term and long term career objectives?

Salary Details:

Monthly Benefits	Rs.	Annual Benefits	Per month
Basic Salary		Leave Travel Allowance	
HRA		Mediclaim / Hospitalization Insurance	
Medical		Any Other: Life Insurance:	
Education		Accident Insurance:	
Conveyance		Bonus/Ex-gratia	
Telephone		Performance Incentive	
		Total (B) :	
		Terminal Benefits	
Other allowances		Provident Fund	
		Gratuity	
		Superannuation	
		Any Other	
Total (A) :		Total (C)	
Cost to company (p.a.): 12 X (A+ B + C) =			
Mention the Perks & Perquisites given by the organization: (including ESOPs)			
Type	Amount (Per Annum)	Comments	

Details of your introduction to us: Self / Placement Consultant / Advertisement (Newspaper/Website/Job Portal) Campus Interview / Any other - Please specify the details: _____

Name of the Placement Consultant:

Please explain in brief why you consider yourself suitable for the position applied for?

1. _____

2. _____

Are you planning for higher studies? If yes, please specify

Weekly off day(s) in your present employment:

Have you been previously interviewed by us? If yes, state when & for which position? Yes / No

How soon you would be able to take up the new appointment, if selected?

Do you have any Contract/Bond with your present employer? If yes, give the details

Expected Remuneration: Monthly Gross: Rs _____ Cost to the company (p. a.) : Rs _____

Do you have any Relatives/Acquaintances working with Apcotex. If yes, give the name and designation

Name	Designation	Relationship

Give any two professional references (other than relatives and should have known you for atleast 2 years)

Name	Designation and relationship	Contact No.

Note: If selected, the reference check will be documented by the organization

If appointed, you will be liable to transfer to any of the Company's Establishments/Group Companies/Subsidiaries.

I hereby declare that the information and particulars furnished above are true. I further declare that if any of the above particulars or information is found by the company to be false in any respect whatsoever the company will have the right to terminate my services without notice or salary in lieu thereof.

Date : ___/___/_____

Place : _____

Signature of the Applicant
