

UNIQCORE CONSTRUCTIONS INDIA PVT LIMITED

APPLICATION FOR EMPLOYMENT

| | | | | | |
|---|---------------------------------|------------------------------------|-------------|-----------------|-------------|
| Type of work desired | | If selected, joining time required | | Reference | |
| | | | | | |
| Name in full (in capitals) | | | | | |
| Father's / Husband's Name | | | | | |
| Present Address | | Permanent Address | | Contact Numbers | |
| | | | | Res | |
| | | | | Mobile | |
| | | | | Office | |
| | | | | E-mail | |
| Have you ever sought employment with this Company? If so, when? Give details | | | | | |
| | | | | | |
| PERSONAL DETAILS | | | | | |
| Age | Date of Birth | | | Place of Birth | |
| | Day | Month | Year | | |
| | | | | | |
| Citizenship | Sex | | | Height (cms) | Weight (Kg) |
| | Male | | Female | | |
| Mother Tongue | Passport No. | | | Blood Group | |
| | | | | | |
| Are you suffering from any disability or contagious illness? If yes, give details. | | | | | |
| | | | | | |
| Marital Status (state Single or Married) | | | | | |
| If Married, state | Date of Marriage | | | | |
| | Is your wife / husband employed | | | | |
| | Her / his monthly salary (Rs) | | | | |
| | Details of dependent children | | | | |
| | Sons | Nos. | | Age (Years) | |
| | Daughters | Nos. | | Age (Years) | |
| Details of parents and family members : | | | | | |
| Name | | Relationship | | Age | Profession |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Family Background | | | | | |
| Brothers | Nos. | | Age (Years) | | |
| Sisters | Nos. | | Age (Years) | | |

Paste Here
Recent
Passport Size
Photograph

| EDUCATIONAL / PROFESSIONAL QUALIFICATION | | | | | |
|--|-----------------|---|-----------------------|--------------------------------------|------------------|
| Qualifying Exam | Year of Passing | Name of the School / College or Institution | Medium of Instruction | Class/Division / % of Marks obtained | Subject of Study |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |

| Languages known (specify Yes / No) | | | |
|------------------------------------|-------|------|-------|
| Language | Speak | Read | Write |
| | | | |
| | | | |
| | | | |
| | | | |

| Membership of Professional Organisation / Association, if any | | |
|---|----------------------|----------------|
| S/N | Name of Organisation | Membership No. |
| | | |
| | | |
| | | |

| Extra curricular activities |
|-----------------------------|
| |

| WORK EXPERIENCE (START WITH PRESENT EMPLOYMENT) | | | | | | | |
|--|------|-----------|---|--|--------------|-------------------------------|--------------------|
| Period of Service | | | Designation, Name and Address of the Organisation | Brief Description of job, functions and responsibilities (please attach separate sheet if necessary) | Total Salary | | Reason for Leaving |
| From | To | No of Yrs | | | Start | Last Drawn | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| Record below industries, equipment or operation which you are familiar and / or specialised (please attach separate sheet, if necessary) | | | | | | | |
| | | | | | | | |
| Specify area in which you consider yourself most proficient? (please attach separate sheet, if necessary) | | | | | | | |
| | | | | | | | |
| Reference: (Give names of employer and others who you know well) | | | | | | | |
| S/N | Name | | Address & Phone Number | | Occupation | How long you are known to him | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| Have you ever been a member of any trade union / political party / organisation? If so, please furnish details. | | | | | | | |
| | | | | | | | |

| | | |
|---|------|----------------------|
| Have you ever been convicted by a Court of Law for an offence? If so, please furnish details. | | |
| | | |
| Specify acquaintances connected with the company and its group companies | | |
| S/N | Name | Relationship, if any |
| 1 | | |
| 2 | | |
| 3 | | |

| |
|-----------------------|
| SALARY DETAILS |
|-----------------------|

| Item | Present Remuneration * | Recommended Remarks (for official use) | Remarks (For Official Use) | | |
|---|------------------------|--|----------------------------|-----------|--|
| (A) MONTHLY BENEFITS | | | Personnel Department | | |
| Basic | | | | | |
| DA | | | Ref. by: | | |
| HRA | | | | | |
| Conveyance | | | Designation | | |
| | | | | | |
| | | | Gross salary per month: | | |
| Monthly Salary | | | | | |
| ANNUAL BENEFITS | | | | | |
| (B) ANNUAL BENEFITS (Calculated per month) | | | | | |
| | | | | | |
| | | | | | |
| | | | G.M. / V.P. | | |
| | | | | | |
| | | | | | |
| Gross Salary per month (Cost to the Company) (A+B) | | | President / Director | | |
| Expected Gross Salary per month | | | | | |
| * Please enclose latest salary slip | | P.F. Account No. | | | |
| I declare that the information / particulars hereinabove furnished by me are true and correct, to the best of my knowledge and belief and it conceals no material fact. I further declare that any errors or suppression of facts in respect of matters stated above shall make me liable for dismissal from service. | | | | | |
| Date | | Place | | Signature | |

| APPRAISAL FOR THE CANDIDATE | | | | |
|---|------------------------------|------------------------------|------------------------------|------------------------------|
| Observation | Head of the department | AGM / DGM | GM | Director / CEO |
| Personality | | | | |
| Communication Skill | | | | |
| Job Knowledge Rating :- A – Excellent, B – Good, C – Satisfactory, D - Poor | A B C D | A B C D | A B C D | A B C D |
| Specific Achievements | | | | |
| General Observation | | | | |
| Relevance of Past Experience to Job. | | | | |
| Whether the candidate satisfies Job requirement in full. | <div>Yes</div> <div>No</div> | <div>Yes</div> <div>No</div> | <div>Yes</div> <div>No</div> | <div>Yes</div> <div>No</div> |
| Recommendation Selected / Not Selected | | | | |
| If Selected Proposed Designation. | | | | |
| Signature Of the Appraiser | | | | |
| Name of the Appraiser | | | | |
| Date : | | | | |